CS CE	SIO PA	AL	BER	TAA	PPL	_IC/	OITA	I FOI	RAL	UT	10°	MC A F	DBI	LE		VS	UF	RAI	VC	E	DLICY	NUMBER	ASSIGN	ED	
INSU	RANC		NY (Hereinafter c			□ NEW	R	EPLACING PC	LICY NUM	BER D	IVI S.	Λ.Γ	. 1												
							_										PREFE	RRED P	OLICY	' LANGUA	GE	☐ ENG	LISH	☐ FF	RENCH
			FULL NAM	E AND POST			CLUDING CO				BBC	OKFR'	'S CLIEN	T ID						COMPAN	Y CLIF	NT ID			
	FIRST	NAME			MIDD	LE NAME		LAS	T NAME																
	COUN	NTY OR DIS	STRICT					BROKER / AGENT BRANCH						CODE(S)											
	CITY				PROV	/INCE		POSTAL CODE			BILLING	G						0002(0)							
CONTACT NUMBER BUSINESS CONTACT NUMBER					CT NUMBER	TOODE			KER/AGE		L														
				☐ HOME ☐ FAX					☐ BUSI ☐ HOM ☐ FAX	E			MENT PL												
				E IS AND WILL	BE CHIE	FLY USED	IN THE VICIN	TY OF THE A	PPLICANT	'SADE	DRESS	ABOV	/E UNLE	SS OTI	HERW	ISE S	TATED II	N THE R	EMAR	RKS SECTI	ION O	VERLEAR	-		
2.		CY PERIO	TIME	A.M. P.M.	DATE					DATE															
3.		ROM	: OE THE D	ESCRIBED A	LITOMO	PII E(S)	MM DD	TO 12:0	1 A.M.		Y	/YY I	MM DD		All ti	mes ar	e local ti	imes at t	he App	olicant's po	ostal ad	ddress sta	ted here	ein.	
VEH.	MODE	EL	TRADE NA		ONO	. ,	OR C.C.	BODY TYPE V.I.N. (SERIAL NUMBER)							PURCHASED BY APPLICANT PURCHASE PRICE										
NO.	YEA	EAR						(,322.1,032.1)							YEAR MONTH NEW OR USED INCL						INCLUD	ING EQ	ZOIPMEN		
2	YYY	Υ																	YYY	MM					
3	YYY	Υ																	YYY	MM					
4 VEH.	NO.	Y PROVIDE I	LIENHOLDEF	R INFORMATIO	N FOR SE	EF 23A OF	R LEASING COM	//PANY FOR S	EF 5										YYYY	MM		LIEN	 HOLDEF	R LES	SSOR
1		NAME POSTAL ADDRESS POSTAL C												AL CODE											
2																									
4																								_	
											Д	GENT	Γ/BROK	ER ANI	O CON	1PANY	USE ON	NLY				ı			
VEH	. TF	RUCK GRO	UCK GROSS WEIGHT LIST PRICE NEW GRID GRID STEP VEH						H. CODE		TE	ERR.		LOC.		CL	ASS	D.I T.F		D.R. COLL./A		COLI	RATE G	GROUP COMP	
NO.					YE	S NO																			
1																									
2															_										
3																							\blacksquare		
		IAL DRIVE		<u> </u>																			\blacksquare		
OCC	ASION	/EHICLE N NAL DRIVE	R	<u> </u>																					
	,	/EHICLE N		for insurance			nore of the pe	rils mention	ed in this	item,	but fo	r insi	urance i	under	the se	ection	(s) for v	which a	prem	 nium is sp	pecifie	ed in this	item a	nd no	other
			terms, cond	ditions, provi			and exclusio	ns of the Ins				poli	cy form	and fo				ecified	limit(s) and an				I	
	SURIN EEME	NTS	DAL LIADILITY		SECTION OF THIRD PARTY	LIABILITY	OF ANY DEDGO	N OD DAMACE	ACCIDEN	TION E				LOSS OF		SECTI AGE TO I		UTOMOBILI	E(S)			FAMILY P ENDORSE			VEH. PREMIUM
		LEC	TO PRO	OPERTY (EXCLU	ISIVE OF C	COSTS ANI	OF ANY PERSO D POST JUDGEN GFROM BODILY I	MENT	PAYMEN	TO FOR	DEATH		THIS POL	$\overline{}$	ITAINS	3 CO	MPREHENSIVE	-		AUSE		IMITS AR			
P	ERILS		OR THE	DEATH OF ONE PROPERTY REG	OR MOR	E PERSON OF THE N	IS, AND FOR LOS UMBER OF CLAI	SS OR	OR BO			A	ALL PERILS	OR U EDUCTIBL	E ON E	ACH SEF		I _AIM EXCE	OF PT FOR			S SECTION THERWIS			
		1		FRO	M ANY ON	NE ACCIDE	NI.					D	DAMAGE BY	/ FIRE OR	LIGHT	NING OR	THEFT OF	THE ENT	IRE AUT	OMOBILE	+				
	IMITS AND	2							AS S	STATED)														
AM	OUNT OULLA									CTION E POLIC															
	, 0 ,	4							1																
		1																							
PR	EMIUI	M 2																							
DC	IN LLAR	S ³																							
		4																							
		OD										_												\perp	
		OD		.																					
			PREMIUM ED POLICY F	► \$ PREMIUM IS SU	JBJECT TO	O ADJUST	MENT TOTHE	NSURER'S MA	ANUAL PRE	EMIUM	I FOR T	HE RI						IUM CHA	RGED	ESTIMATE FOR OPTION	ONAL (COVERAG	ES.	\$	

ALBERTA APPLICATION FOR AUTOMOBILE INSURANCE POLICY NUMBER ASSIGNED

CE	OWNER'S FORM S.A.F.1 5. LIST ALL DRIVERS OF THE DESCRIBED AUTOMOBILE(S) IN THE HOUSEHOLD OR BUSINESS																				
5.	LIST AI	LL DRIV	ERS OF	THE	DESCRI	BED AU	томог	BILE(S) I	N THE HO												
Driver No.								(as	NAI shown on D		ence)						DRIV	ER'S LICENCE NUMBER	BIRTHDATE		
1																			YYYY/MM/DD		
2																			YYYY/MM/DD		
3																			YYYY/MM/DD		
4																			YYYY/MM/DD		
6.	DA	TE	LIC.	GRID				F YEARS A AND US									DRIV	ER TRAINING CERTIFICAT	E		
Driver No.	LICEN	ISED	CLASS	STEP		Approx. %	of use	f vehicle	Years Licensed			DRIV	'ER'S OC	CUPATION			** Attach Certificate Driver Date Completed Type of Course Training Course**				
1															Y/I		YYYY/MM/DD				
2	YYYY/N															Y/I	V	YYYY/MM/DD			
3	YYYY/IV	/IM/DD														Y/I	V	YYYY/MM/DD			
4	YYYY/N	/IM/DD														Y/I	V	YYYY/MM/DD			
6(A).). IS ANY DRIVER SUBJECT TO FAINTING SPELLS, DIZZINESS OR LOSS OF CONSCIOUSNESS?																				
	YES NO If yes, state particulars in Remarks section.																				
6/R)																					
6(B).	HAS ANY DRIVER EVER SUFFERED FROM A HEART DISORDER, EPILEPSY, DIABETES, DEFECTIVE VISION OR HEARING, ORANY OTHER PHYSICAL OR MENTAL DISABILITY WHICH MIGHT AFFECT THE SAFE OPERATION OF A VEHICLE?																				
	YES NO If yes, state particulars in Remarks section. LIST DRIVER NUMBER																				
7(A).	(A). GIVE PARTICULARS OF ALL CONVICTIONS ARISING FROM THE																				
Daire	OPERATION OF ANY AUTOMOBILE DURING THE PAST THREE YEARS. (No convictions indicator all drivers □✓)																				
Driver No.	YY/MN					DE	SCRIPT	ON					Driver No.	DATE YY/MM/DD)		DESCRIPTION				
	YY/MN	//DD												YY/MM/DE)						
	YY/MM/DD								YY/MM/DE)											
	YY/MM/DD									YY/MM/DE											
	YY/MM/DD YY/MM/DD																				
7(B).	(B). GIVE PARTICULARS OF ALLACCIDENTS OR CLAIMS ARISING FROM THE OWNERSHIP OR OPERATION OF ANY AUTOMOBILE DURING THE PASTSIX YEARS. (No claims indicator all drivers □ ✓) Use Remarks section overleaf if necessary																				
Veh. No.	eh. Driver DATE Type of Amount Paid Claim Amount DESCRIPTION																				
INU.	INO.	YY/MI		Olallii	OI LSU	inate	repaid it	rinsulei													
		YY/MI																			
		YY/MI																			
		YY/MI	M/DD																		
									d to the ap			s listed in	item 5 al	oove 🔲	YES [NO If yes, state par	ticulars in Re	emarks section.			
		Ü							,					LIS	T DRIVER	NUMBER					
									ed or refus em 5 within				9(B).	Details of appl	icant's mo	ost recent automobile in	nsurance.				
	years pre	ceding th							olicy number					INSURER							
	INSURER POLICY N						DR	VER NO						POLICY NO.				EVDIDY D	ATE YYYY/MM/DD		
9(C).	Does the a		we any n	noney to	another	10(A			E IS USED	FOR: 1			EHICLE (JSED TO COMI		10(C). STATE THE U	SUAL	EXPIRY D			
	insurer rela					VEH.					` '			IG TO WORK, TO AS TO PUBLIC T		DISTANCE DE ANNUALLY.	RIVEN	OUTSIDE OF CAI			
		YES	<u> </u>	NO		NO.	-	Business	Pleasure		′ES □	NO	DISTANC	E ONE WAY km		(ANNUAL DIS	TANCE) km	Remarks Section			
						2								km			km	Y/N No. of r Y/N No. of r			
						3								km			km	Y/N No. of I			
10(E).	HAVE AN	IY OF THI	E FOLLO	WING A	AFTER M		110	1400	the automo				le details	in Remarks.)	11(B).	Will the automobile b	km e used for t	Y/N No. of r he transportation of goods			
Veh.	If ve	ATIONS E s, state pa	articulars i	in Rema	arks secti	on	VE	ш	Rented or		I for car sengers			or carrying oplosives or	Veh.			rtificate and radius of oper			
No.	Engine (Ground C	Clearance	e Inter	ior Rollc	age Tir			Leased? Y/N			or hire?		active material?	No.						
2	Y/N	Y			Y/N Y/N	Y/			Y/N		Y/N			Y/N Y/N	2						
3	Y/N	Y			Y/N	Y/			Y/N		Y/N			Y/N	3						
4 12.	Y/N Unless oth		/N stated th	e applic	Y/N cant is bo	oth the re			Y/N nd actual o	wner of th	Y/N e desc		tomohile	If not, state th	4 ne names	l					
			naiou, ill	io appili	Jan 13 DI	Jul 110 10	gioloide	omiti al	ia actual 0		o ucol	nibou au	CITIODIIG.	וו ווטו, אומופ וו	io names	, vi.					
The re	gistered ow	vner																			
	tual owner			at (*)	a fal	Vander C		al auton 12	la da b - !·	4 4 4 4	alla - f ::	Na le -	60 I- ·			Bashasa in the court of	fact versit in	he stated the section of \$1.00	and newton control of the		
10.	contract or co	ommits a fra	aud: or (c) t	he Insure	d willfully n	nakes a fals	e statemer	nt in respect	of a claim und	ler the contra	ct. a clai	im by the In	sured is inv	alid and the right o	f the Insure	d to recover indemnity is forfe	ited. The applic	o be stated therein; or (b) the Insu cant acknowledges that: all of the i			
	The personal	I information	n collected	on this ap	plication is	needed to	issue the p	olicy. We are	e required to p	rovide this in	formatio	on to the Un	derwriting Ir	nformation Trackin	g System, w	ased on the truth of the said in hich is a data bank operated	on behalf of the	automobile insurance industry fo	r the purpose of statistical		
(Consent: I an	m applying f	or automob	oile insura	nce based	on the infor	mation pro	vided above	e. I authorize y	ou to collect,	use and	d disclose ir	nformation o	n this form and an	y additional	automobile insurance in Can information about my driving i renewal or change, detect and	ecord, automo	bile insurance policy and claims h and investigate and settle any cla	story and that of the listed		
	arivers irom v payment plan						oooo. i uili	ioroianu ind	r and heignigi	ioiiiall0111	0 HEUES	oury to assi	Joo HIT HOK,	iooue ale iilouidiil	ovinidül, i	ionowai oi onanye, uetect and	י איסיפות וומעט	and invodingate and settle any cid	ino. ii i appiy ioi a pieniidili		

Signature of Applicant

Date YYYY/MM/DD

OPTIONAL ADDITIONAL COVERAGE

CSIO CEPA	ALBI	ERTA A	APPLICATION FOR A	AUTOMOBILE IN	ISURAN	CE POLICY NU	MBER ASS	IGNED
4. ENDOR	RSEMENTS	VEHICLE 1	ADDITIONAL COVERAGES INCLUDING DISCO	OUNTS AND SURCHARGES				
SEF N° .			DESCRIPTION	LIMIT 1	LIMIT 2	DEDUCTIBLE	%	PREMIUM
4 ENDOD		VEUIO E 0	ADDITIONAL CONTRACTO INCLUDING DISCO	NUNTO AND CUDOUA DOCO				
	RSEMENTS	VEHICLE 2	ADDITIONAL COVERAGES INCLUDING DISCO		LIMITO	DEDUCTIONE	0/	DDEMUM
SEF N° .			DESCRIPTION	LIMIT 1	LIMIT 2	DEDUCTIBLE	%	PREMIUM
4. ENDOR	RSEMENTS	VEHICLE 3	ADDITIONAL COVERAGES INCLUDING DISCO	DUNTS AND SURCHARGES	1			
SEF N° .			DESCRIPTION	LIMIT 1	LIMIT 2	DEDUCTIBLE	%	PREMIUM
	RSEMENTS	VEHICLE 4	ADDITIONAL COVERAGES INCLUDING DISCO					
4. ENDOR	RSEMENTS	VEHICLE 4	ADDITIONAL COVERAGES INCLUDING DISCO	DUNTS AND SURCHARGES LIMIT 1	LIMIT 2	DEDUCTIBLE	%	PREMIUM
	RSEMENTS	VEHICLE 4			LIMIT 2	DEDUCTIBLE	%	PREMIUM
	RSEMENTS	VEHICLE 4			LIMIT 2	DEDUCTIBLE	%	PREMIUM
4. ENDOR	RSEMENTS	VEHICLE 4			LIMIT 2	DEDUCTIBLE	%	PREMIUM
	RSEMENTS	VEHICLE 4			LIMIT 2	DEDUCTIBLE	%	PREMIUM
	RSEMENTS	VEHICLE 4			LIMIT 2	DEDUCTIBLE	%	PREMIUM
	RSEMENTS	VEHICLE 4			LIMIT 2	DEDUCTIBLE	%	PREMIUM
	RSEMENTS	VEHICLE 4			LIMIT 2	DEDUCTIBLE	%	PREMIUM
	RSEMENTS	VEHICLE 4			LIMIT 2	DEDUCTIBLE	%	PREMIUM
	RSEMENTS	VEHICLE 4			LIMIT 2	DEDUCTIBLE	%	PREMIUM

*PREMIUMS ARE INCLUDED IN TOTAL ESTIMATED ON PAGE 1

CS CE	IO AL	BEF	RTA	APPI	LICATION	FO	R A	UTC PART 2	MOBILE I	INSUF	RAN	CE POLICY N	UMBER AS	SSIGNED
14.	ADDITIO	IAL INFOR	MATION	FOR DRIVERS	S SHOWN IN ITEM 5.			74(12						
Driver				N	NAME (as shown on Driver's L	Licence)					SEX	MARITAL STATUS	RELATIC	NSHIP TO APPLICANT
No.														
2														
3														
4 Driver				C	ONVICTION	1			AT FAULT				DISCOUN	NT %
No.	No. S/C % CLAIM % DATE OF MVR CODE % DESCRIPTION CODE %												APPLIE DESCRIP	ED
1													TION	
2	YYYY/MM/DD													
3	YYYY/MM/													
4	YYYY/MM/	_												
15.		ID ADDRES	S OF EN	/IPLOYER										DATE HIRED
Driver				NAME					ADDRESS					
No. 1														YY/MM
2														YY/MM
3														YY/MM
4														YY/MM
	LIOT ALL	DEGIDEN	0.05.11	011051101.0	D EMBI OVEEO IN THE D	NIONEOO	NOT A	LDEADY	OTED IN ITEMS 5 AND 44	/DDOM/IDINO A	LL ADDILI	ADI F DATA)		NONLIGENOED
16 (A Driver). LIST ALL	. KESIDEN	5 UF III			SUSINESS	_		STED IN ITEMS 5 AND 14	•				6 (B). RESIDENT?
No.				FULL NA	IVIE		DIN	THDATE		ICENCE NUMBEF applicable)	1	OWNED VEHIC)LE	
1	1							YYYY/MM/DD				Y/N		Y/N
2								Y/MM/DD				Y/N		Y/N
3							YYY	Y/MM/DD				Y/N		Y/N
4							YYY	Y/MM/DD				Y/N		Y/N
17.	IS VEHICLE				18. FUEL IF NOT PO	WERED	19.	IS THERE	ANY UNREPAIRED	20. DESCR	IBE AND (SIVE VALUE FOR	ANYSPE	CIAL EQUIPMENT
Vehicle	OR SHARE	THE-RIDE No. of	ARRAN	GEMENTS?	BY GAS OR DIES ENGINE	EL		DAMAGE TO GLAS	INCLUDING DAMAGE	AND/OF	R CUSTON	I PAINT FINISH		
No.	Yes/No	Passenger	Freq	uency	ENGINE			TO GLAS	5 :	Value	Describe	;		
1	Y/N								Y/N					
2	Y/N								Y/N					
3	Y/N								Y/N					
4	Y/N								Y/N					
21.	PROVIDE D	ETAILS OF	VEHICL	E ANTI-THEF	T DEVICE. (IF APPLICAB	BLE)	22.		ANT HAS CHANGED ADD PREVIOUS ADDRESSES	DRESS WITHIN	THE LAST	THREE YEARS,		
Vehicle	Device			Device		Produc		11101152						
No.	Туре			Characterist	ics	Code								
1							-							
2							00	TOTAL NU	MDED OF DDIVATE DACC	ENCED VEHICL	EC IN UO	HEELIOL D INCLU	DING TH	205
3							23.		MBER OF PRIVATE PASS LISTED #	LINGEN VERICI —	LES IN FIU	OSENULD INCLU	DING IT	JJE
	DEMARKS													
24.	REMARKS													
25.	REPORT C				T									
Have y	rou bound this	isk? 🗌 YE	S 🗆 NO		Is this business new to your	r office?	YES [] NO	Motor vehicle liability insu	rance card issued?	☐ TE	MPORARY PE	RMANENT	NONE
How Io	ng have you kr	iown	(a) the a	applicant?	Driver N°			(b) the princ	ipal operator(s)	Driver N°				
Provid	e Applicant's er	nail address if	applicable				_							
Does	our client have	other insuran	ce with this	s company? 🔲 Y	'ES □ NO Policy N°					Policy N°				
	give particulars													
	-													
Are the	ere any special	circumstances	concernir	ng this application	which the company should kno	ow? 🗆 YE	s 🗆 NO	If yes, gi	ve particulars					
Is this	risk eligible for	the residual m	arket, but	being placed in the	e regular market under the take	e-all-comers	rule?	☐ YES ☐ N	O If yes, give particulars					
Was th	ne "Market Avai	ability Plan" a	cessed to	place this risk?	YES NO If yes, prov	vide "map" re	eference i	number:						
26.		AGENT DE		•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-						
				LICANT THE COI		13 OF THE A	PPLICAT	TION FORM A	ND THE APPLICANT HAS DECI	LARED THEIR COI	NSENT AND	FURTHER DECLARE	S THAT TH	EY HAVE OBTAINED
	ER/AGENT NA		/ IIVENO	OIL INIO FURFO	JUL.			BROH	KER/AGENT SIGNATURE				DATE	YYYY/MM/DD



ALBERTA APPLICATION FOR AUTOMOBILE INSURANCE POLICY NUMBER ASSIGNED

27.	DESCRIBE A	NY TRAILER N	NOT ALREADY	LISTED												
COM	OMMERCIAL RATED VEHICLE(S)															
If yes	selected, this co	mmercial vehicle	section cannot be	used. A Comr	nercial Vehicle	s Supplement for	m must be p	provided.								
28 (A	Does vehic	le weight exce	ed 4500 kg?			28 (B)	ting rac	lius greater than 40 km from place vehicle(s) usually kept?								
ehicle	, 2000 10					Vehicle	Vehicle									
No.	Y/N					No. 1	Y/N									
_	Y/N						Y/N									
2	Y/N					2	Y/N									
3	Y/N					3 4	Y/N									
		L VEHICLE USI	-			4	1/19									
29. ehicle	Percentage of	Delivery	Wholesale	Retail	Other	Hauling Done t	or Othoro?	Specify	,							
No.	Pleasure Use	Delivery	Wholesale	netali		Hauling Done	or Others:	Specify								
1	%	Y/N	Y/N	Y/N	Add in Remarks	Y/N										
2	%	Y/N	Y/N	Y/N	section below	Y/N										
3	%	Y/N	Y/N	Y/N	1	Y/N										
4	%	Y/N	Y/N	Y/N]	Y/N										
30.	Is there any m	erchandise or	material carrie	d?				31.	If volatile toxic, corrossive radio active or explosive materials carried, state quantities:							
ehicle No.		If yes, desdribe						Vehicle No.								
1	Y/N							1								
2	Y/N							2								
3	Y/N							3								
4	Y/N							4								
32.	Is there any n	nachinery or eq	uipment moun	ted on or att	ached to vel	nicles?		'								
ehicle																
No. 1	Y/N	If yes, describe and name owner if not owned by Applicant.														
2	Y/N															
3	Y/N															
4	Y/N															
33.	REMARKS															
00.	TIZIII/TITO															

CSIO CEPA	1	PAYMENT AU	THORIZ	ATION FORM	□ NEW REC	QUEST OF EXISTING INFORMATION				
INSURANCE COMPANY			LIST	ALL POLICY NUMBERS APPLICABLE TO T	HIS PAYMENT AUTI	HORIZATION				
1. INSURED'S FULL NAME AN	ND POSTAL ADDRES	SS	BRO	OKER'S FULL NAME AND POSTAL	ADDRESS					
FIRST NAME	MIDDLE NAME	LAST NAM	ИE							
		POSTAL CODE				POSTAL CODE				
CONTACT NUMBER	CONTA	ACT NILIMPED	DUONESS CON	MPANY'S CLIENT ID:	BROKER'S CLIE					
	☐ HOME		HOME	MEANT S CLIENT ID.	BHOKEN 3 GEIEI	NTID.				
EMAIL ADDRESS	□ FAX		FAX							
2. METHOD OF PAYMENT	ON All avadit aavda li	isted below may not be suppo	utad by the incre	ranna aammany. Diagaa vafay ta yayy h	valras andlas aam					
AMERICAN EXPRESS		D NUMBER	orted by the moul	rance company. Please refer to your b	OKEI AIIU/OI COIII	EXPIRY DATE				
DINERS CLUB			1 1 1		1 1 1					
DISCOVER						MONTH YEAR				
MASTERCARD	NAM	E AS SHOWN ON CREDIT CARD		CARDHOLDER'S	SIGNATURE					
VISA										
AMOUNT \$		FREQUENCY		NEXT WITHDRAWAL DATE	YYY MM DE	<u> </u>				
1 		ADDITIONAL CHARGES \$								
2B. ACCOUNT INFORMATION										
NAME OF ACCOUNT HOLDER										
ADDRESS OF ACCOUNT HOLDER										
CITY	PROVINCE POSTAL CODE									
NAME OF FINANCIAL INSTITUTION										
ADDRESS OF FINANCIAL INSTITUTION	ION									
CITY		PROVIN	NCE	POS	STAL CODE					
ACCOUNT INFORMATION	TRANSIT NUMBE	ER .	INSTITUTION NUM	BER ACCOUNT NUM	/BER					
(Account must provide chequing privile		1 1			1 1 1 1					
ATTACH VOID CHEQUE					00/ 1 1111 Dr					
AMOUNT \$		FREQUENCY		NEXT WITHDRAWAL DATE Y	YYY MIM DL					
DOWNPAYMENT AMOUNT \$		ADDITIONAL CHARGES \$		OR% DESCRIBE:		1				
ACCOUNT HOLDER'S SIGNATURE			ACCOUNT HOLD	ER'S SIGNATURE		DATE YYYY MM DD				
	Please note that a	transaction fee will apply	to any "Non-S	ufficient Funds" (NSF) cheque retu	ırned.					
3. CONSENT AND DISCLOSUR	E									
MY / OUR SIGNATURE CONFIR										
1	with details of and ur	derstand the terms and con	ditions of the pa	yment plan by automatic withdrawals	from my / our f	inancial institution				
account. • I/We hereby authorize the	above named finance	ial institution to debit my / or	ur account for al	l payments payable to:						
in payment of the insurance	e premiums and any	applicable charges and tax	es.	, , , , , , , , , , , , , , , , , , ,						
		cancelled by me / us upon			- Cama af this	information				
				e provide further personal informatio insurance company to collect, use ar						
subject to the law and to m	ny broker's or insurar	nce company's policy regard		ormation, for the purposes necessary						
account at the financial ins			da aless soul	The second language of	un hale	•				
	ee that all persons wi	nose signatures are required		account have signed this authorization	JII DEIOW.	T				
AUTHORIZED SIGNATURE			INSURED SIGNA	TURE		DATE YYYY MM DD				
AUTHORIZED SIGNATURE			INSURED SIGNA	TURE		DATE YYYY MM DD				