



PRIVATE PASSENGER APPLICATION

Mennonite Mutual Fire Insurance Company

Box 190, Waldheim, Saskatchewan, S0K 4R0 Tel: (306) 945-2239 Fax: (306) 945-4666 www.mmfi.com

SASKATCHEWAN EXTENSION AUTOMOBILE INSURANCE

This Policy Contains a Partial Payment of Loss Clause

Effective Date	Effective Time	Expiry Date	Replacing Policy No.	Date Completed	Time
Day / Month / Year		Day / Month / Year 12:01 A.M. Standard Time			

Name & Address as Shown on Registration	Broker Number
Postal Code	Home Phone
	Bus. Phone

Lessor's Name & Address	Method of Payment <input type="checkbox"/> Broker Billed <input type="checkbox"/> Direct Billed
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Driver/Principle Operator's Names	Driver's Licence No. Pic	Birth Date Month Day Year	% Driven	No. of Years Consecutively Licensed
		/ /		<input type="checkbox"/> 0 to 2 <input type="checkbox"/> 3+ <input type="checkbox"/> 5+
		/ /		<input type="checkbox"/> 0 to 2 <input type="checkbox"/> 3+ <input type="checkbox"/> 5+

Owned Auto Type Car Private Truck Van Motor Home Farm Truck Heavy Farm Truck Farm Van
 Leased Trailer Type Cabin Tent Utility Farm Trailer Farm Semi Trailer

Vehicle	Plate Number	Class	GVW	Value	Veh. Year	Make Model	Body type	Serial Number	
# 1									
All Perils Deductible	Collision Only Deductible	Comprehensive Only Deductible	Specified Perils Deductible	Accident Benefits (including Income Replacement) and Family Protection Coverage	Replacement Cost <input type="checkbox"/> Yes	Road Hazard Glass Deductible <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200	Loss of Use <input type="checkbox"/> \$750 Limit per Occurrence <input type="checkbox"/> \$1,500 Limit per Occurrence	Liability <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000	Total Estimated Premium \$ Minimum Retained Premium \$50.00
<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	Accident Benefits and Family Protection is NOT Available on Motorcycles, Snowmobiles and Trailers	Purchase Price \$	Is Glass Damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200			Delivery Date	Was Glass Inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350			Attach Sale Bill				
<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500							

IMPORTANT – All Questions Must Be Answered and Application Signed by the Applicant. Incomplete Applications Will Be Returned.

- Yes No
- Do you or any other regular driver of the auto have any physical or mental disability, impairment or disease?
 - Have you or any other regular driver of your auto had their drivers licence revoked, suspended or cancelled within the last 5 years or have been disqualified from driving or refused a drivers licence from anywhere in Canada or the United States? If yes, advise us the date your drivers licence was re-instated.
 - Have you or any other regular driver of the auto been refused auto insurance or had an auto insurance policy cancelled?
 - Are you the registered and actual owner of the insured auto?
 - Have you or any other regular driver of your auto moved to Saskatchewan within the past 12 months?
 - Is the auto used for business purposes? Describe –
 - Is the auto unlicensed and in storage? If Yes, indicate value of auto above.
 - Were you previously insured with another insurance company?

State Name of Company _____

Policy # _____

Please tell us about all accidents, claims or convictions during the last 5 years which were due to the ownership or use of any auto by you or the principal driver named above

Indicate All Accidents and Claims of All types (Date and Type)

Indicate All Convictions (Date and type)

IMPORTANT – Please read the reverse side of the application before signing.

The applicant authorizes *Mennonite Mutual Fire Insurance Company* to obtain from any Provincial Motor Vehicle Department the appropriate driving records and to investigate the accident records of all drivers.

Applicant's Signature **X** _____ Date _____

Please Note - If you are insuring more than one auto complete a new application for each additional auto and attach the applications together.

PLEASE READ THIS BEFORE SIGNING THE APPLICATION

This application is for an insurance policy for your auto and/or trailer. The full details of this policy are given in your Easy Read wordings. The coverages you have chosen will be used to compute our payment for losses.

Your auto insurance policy is based on the truth of the information you have given us here. By signing this application, you agree that this information is true.

191 (1) Where:

(a) An applicant for a contract:

(i) gives false particulars of the described automobile to be insured to the prejudice of the insurer; or

(ii) knowingly misrepresents or fails to disclose in the application any fact required to be stated therein;

(b) the insured contravenes a term of the contract or commits a fraud; or

(c) the insured wilfully makes a false statement in respect of a claim under the contract;

a claim by the insured is invalid and the right of the insured to recover indemnity is forfeited.
