

INSURANCE BINDER

Automobile Insurance

NAMED INSURED(S)

Name(s): _____

Address: _____

DESCRIBED VEHICLE

Year/Mark: _____

Model: _____

Identification no.: _____

Use: Pleasure only Business
 Commute Commercial
 Occasional business
 Other: _____

INSURER

Name: _____

Contract no.: _____

Effective date: _____

Expiry date: _____

LESSOR/CREDITOR

Name: _____

Address: _____

Purchase Long-term lease Contract of leasing

Q.F.P. NO. 1

COVERAGE	PERILS	AMOUNT OF INSURANCE AND DEDUCTIBLE	INSURANCE PREMIUM
Section A Civil liability	Property damage or bodily injury to another person	Amount of insurance: \$ _____	\$ _____
Section B Damage to insured vehicles	Protection 1 : "All perils"	Deductible per loss: \$ _____	\$ _____
	Protection 2 : Collision and upset	\$ _____	\$ _____
	Protection 3 : All perils other than collision or upset	\$ _____	\$ _____
	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 of Glass Coverage</i> <input type="checkbox"/> Q.E.F. 13c	<i>Travel Costs</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>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. 43e
<input type="checkbox"/> Other			

Q.F.P. NO. 5 – REPLACEMENT INSURANCE

DESCRIBED VEHICLE	INSURANCE PREMIUM	IMPORTANT STATEMENTS FOR ANALYZING THE RISK
<input type="checkbox"/> New vehicle <input type="checkbox"/> Demonstrator vehicle with no more than _____ km on the odometer <input type="checkbox"/> Used vehicle	<input type="checkbox"/> Option 1 - Vehicle replacement \$ _____ <input type="checkbox"/> Option 2 - Payment of an indemnity \$ _____	_____ _____ _____

ADDITIONAL INFORMATION

The perils covered are subject to the insurance premiums, conditions, limits and exclusions of the contract issued by the insurer. This insurance binder will temporarily replace your insurance contract for a period of _____ days; your insurance contract will be issued shortly. The perils covered remain in effect conditional on payment of your insurance premium.

By: _____

Date: _____

Form issued by:

Certified representative's signature

Name: _____

Telephone: _____

Title: _____

