**INSURANCE BINDER**

**Commercial Lines Automobile Insurance**

**NAMED INSURED(S)**

Name(s):

Address:

[ ]  **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)

[ ]  **GARAGE** **FORM** (Q.P.F. No. 4):

[ ]  Including owned automobiles

[ ]  Excluding owned automobiles

**INSURER**

Name:

Contract no.:

Effective date:

Expiry date:

**LESSOR/CREDITOR**

Name:

Address:

[ ]  Purchase [ ]  Lease

|  |  |  |  |
| --- | --- | --- | --- |
|  **insuring agreements** | **perils** | **aMOunts**  | **deductibles** |
| Section ACivil liability | Property damage or bodily injury to another person | $       | $       |
| Section BDamage to vehicles of which the named insured is the owner | [ ]  Protection 1 : “All perils” | $       | $       |
| [ ]  Protection 2 : Collision and upset | $       | $       |
| [ ]  Protection 3 : All perils other than collision or upset | $       | $       |
| [ ]  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) | [ ]  Protection 1 : All perils | $       | $       |
| [ ]  Protection 2 : Collision or upset | $       | $       |
| [ ]  Protection 3 : All perils other than collision or upset | $       | $       |
| [ ]  Protection 4 : Specific perils  | $       | $       |

|  |
| --- |
| **ENDORSEMENTS** |
| *Drive other vehicles* [ ]  **Q.E.F. 2** | *Lease or leasing*  [ ]  Q.E.F. 5a | *Limitation under Protection 3 for vehicle glass*[ ]  **Q.E.F. 13c** | *Travel expenses* [ ]  Q.E.F. 20 [ ]  Q.E.F. 20a |
| *Notice to creditor* [ ]  **Q.E.F. 23a** | *Damage to non-owned automobiles*[ ]  **Q.E.F.** **27 $**       | *Accident benefits*[ ]  **Q.E.F. 34** | *Replacement cost*[ ]  Q.E.F. 43  |
|  [ ]  ***Other*** |       |       |       |
| Q.P.F. NO. 5 – REPLACEMENT INSURANCE |
| Yes: [ ]  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: \_\_\_ Date:

Signature of certified representative

Name:       Telephone:

Title:

Form created by:

