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| **Automobile Supplement** |
| **For Use with General Application or Standard Broker Application** |
|  |
| Coverage Required? |       |  | OR | Not Applicable  |       |  | Limit Requested |       |
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| **The applicable provincial Automobile application (i.e. OAF1 or SAF1, etc.), a Commercial Vehicle Supplement, a Fleet Supplement (5 or more units) will also be required prior to binding.** |
|  |
| **Veh#** | **Year** | **Make** | **Model** | **VIN** | **RIN** | **List Price New** | **Use of Vehicle** | **Seating Capacity** |
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| **Veh#** | **Coverages Required** | **Additional Comments** |
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| **6 Year Loss History** |
|       |
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| Please indicate which vehicles, if any, are designated for the sole use of any one person as a business and pleasure vehicle (Company car) |
|       |
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| Please indicate which vehicles, if any, are licensed as public vehicles |
|       |
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