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| **Automobile Supplement** | | | | | | | | | | | | | | |
| **For Use with General Application or Standard Broker Application** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Coverage Required? | | |  |  | | OR | Not Applicable | |  |  | Limit Requested |  | | |
|  | | | | | | | | | | | | | | |
| **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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