

ALBERTA STANDARD



Application for Automobile Insurance (Transportation Network Form S.P.F. No. 9)

(01/2022)

Classification: Public



ALBERTA APPLICATION FOR AUTOMOBILE INSURANCE (TRANSPORTATION NETWORK FORM S.P.F.9)					Policy No. Assigned or Binder:		
ITEM INSURANCE COMPANY (INSURER):					<input type="checkbox"/> New Policy <input type="checkbox"/> Renewal Policy		
1. Applicant(s) Full Name(s) and Postal Address:		Tel: Res/Bus.: Tel: Mobile: Email Address:		Agent/ Broker:			
2. Policy Period - All times are local times at the applicant's postal address.		From: Date (Y/M/D) Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		To: 12:01 a.m. on: Date (Y/M/D)			
3. Particulars of the Described Automobile(s) (Each described automobile is and will be chiefly used in the Province of Alberta, Canada)							
4. This application is made for insurance against one or more of the perils mentioned in this Item, but for insurance under the section(s) for which a premium is specified in this Item and no other and upon the terms, conditions, provisions, definitions and exclusions of the Insurer's corresponding standard policy form and for the following specified limit(s) and amount(s).							
Insuring Agreements	Section A Third Party Liability	Section A.1 Direct Compensation For Property Damage	Section B Accident Benefits	Section C Loss of or Damage to Insured Automobile(s)			
Perils	Legal Liability for bodily injury to or death of any person or damage to property. (EXCLUSIVE OF COSTS AND POST JUDGMENT INTEREST) FOR LOSS OR DAMAGE RESULTING FROM BODILY INJURY TO OR THE DEATH OF ONE OR MORE PERSONS AND FOR LOSS OR DAMAGE TO PROPERTY, REGARDLESS OF THE NUMBER OF CLAIMS ARISING FROM ANY ONE ACCIDENT.	THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE if a deductible is specified for Direct Compensation for Property Damage AMOUNT DEDUCTIBLE	Payments for Death or Bodily Injury	1. All Perils	2. Collision or Upset	3. Comprehensive (Excluding collision or upset)	4. Specified Perils (Excluding collision or upset)
Limits and Amounts in Dollars	\$	\$	AS STATED IN SECTION B OF THE POLICY	\$	\$	\$	\$
Premium in Dollars	\$	\$	\$	\$	\$	\$	\$
ENDORSEMENT NUMBERS ATTACHING	ENDORSEMENT No.	ENDORSEMENT NAME					ENDORSEMENT PREMIUM
							\$
							\$
Minimum Retained Premium: \$				Total Estimated Policy Premium: \$			
The Total Estimated Policy Premium is subject to the Insurer's manual premium for the risk.							
5(a). Has any insurer, to the knowledge of the applicant, cancelled, declined or refused to renew or issue automobile insurance to the applicant within the last THREE years? If so, state name of insurer, policy number if available, and reason. Insurer: Policy No.: Reason:				5(b). Details of applicant(s)' most recent automobile insurance. Insurer: Policy No.: Expiry Date: Y / M / D			
6(a) Veh. No. Will the automobile be rented or leased, or used for carrying explosives or carrying radioactive material, even on an occasional basis? If so, provide details.		6(b) Veh. No. Will the automobile be used for the transportation of goods (examples: freight, food, parcels) for reward, even on an occasional basis? If yes, state the class of licence or certificate and radius of operations. (Note: the SPF9 does not provide coverage for the transportation of goods for compensation)					
1 <input type="checkbox"/> Yes <input type="checkbox"/> No		1 <input type="checkbox"/> Yes <input type="checkbox"/> No					
2 <input type="checkbox"/> Yes <input type="checkbox"/> No (add rows as needed)		2 <input type="checkbox"/> Yes <input type="checkbox"/> No					
7. Remarks							
8. If (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 in the application, (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. The applicant(s) acknowledges that all of the information given by the applicant in Items 1 through 7 are true and the applicant hereby applies for a contract of automobile insurance to be based on the truth of the said information. The personal information collected in this application is needed to issue the policy. Insurers are required to provide this information to the Underwriting Information Tracking System, which is a data bank operated on behalf of the automobile insurance industry for the purpose of statistical analysis, identification of eligible risks and the proper rating of those risks. The information in the data bank is available to all insurance companies and insurance agents providing automobile insurance in Canada. CONSENT: I am applying for automobile insurance based on the information provided in this application. I authorize you to collect, use and disclose the information on this form and any additional information about my driving record, automobile insurance policy and claims history and that of the listed drivers from whom I declare I have obtained consent for these purposes. I understand that this personal information is necessary to assess the risk, issue the insurance contract, change the insurance contract, renew the insurance contract, detect and prevent fraud and investigate and settle claims.							
Date Y M D		Signature of Applicant(s)					

(01/2022)

APPROVED FORM – ALBERTA SUPERINTENDENT OF INSURANCE