



Financial Security

HEAD OFFICE: MISSISSAUGA, ONTARIO

APPLICATION #

SAFE DRIVER APPLICATION FOR INSURANCE

OC CODE

GENERAL INFORMATION

NEW BUSINESS INCREASE TO POLICY REINSTATEMENT

Form fields for personal information: Last Name, First Name, Initial, Occupation, Primary Address, Street Number, Street or Rural Route, Postal Code, City, Province, Age, Gender, Height, Weight, Birthdate, Home Telephone, Business Telephone, Ext. Telephone, Cellular Telephone.

Beneficiary information section with fields for Beneficiary and Contingent Beneficiary (Last Name, First Name, Initial, Relationship, Age, Select Designation).

Identification information section: Identification Type, Province or Country of Issue, Identification Number.

SECTION 1 SAFE DRIVER PLAN QUESTIONS

Five Yes/No questions regarding driving history, occupation, disability, competition, and current insurance status.

Comments section for additional notes.

SECTION 2 I HEREBY APPLY FOR THE COVERAGE I HAVE SELECTED BELOW:

Coverage selection table with columns for Benefits and Total First Year Premium.

IMPORTANT: In making this application for insurance, it is understood that a file will be established in your name, for underwriting, administration and claims purposes...

Z-45 APP MGA 01.14

