Top of Form

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| **SECTION 1 – EFFECTIVE DATE** | | | | | | | | | | | | | | | | | | |
| FROM | |  | | | | | | TO | | | | | |  | | | | |
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| **SECTION 2 – APPLICANT** | | | | | | | | | | | | | | | | | | |
| APPLICANT’S NAME | |  | | | | | | | | | | | | | | | | |
| URBAN DISTRICT | |  | | | | | | NUMBER OF YEARS AS TAXI OWNER | | | | | |  | | | | |
| LICENSE PLATE NO | |  | | | | | | TAXI DOME NO | | | | | |  | | | | |
| CELLULAR PHONE | |  | | | | | | OTHER PHONE | | | | | |  | | | | |
| MAILING ADDRESS | |  | | | | | | | | | | | | | | | | |
| EMAIL | |  | | | | | | | | | | | | | | | | |
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| **SECTION 3 – HISTORY** | | | | | | | | | | | | | | | | | | |
| ACTIVITIES | | TAXI | | | LIMOUSINE | | | | PARATRANSIT | | | | AND/OR  OTHER | | | | | |
| IS THE VEHICLE USED EXCLUSIVELY FOR TAXI? | | | | | | | | | | | | | YES | | | | | NO |
| If no, indicate ratio | | | | | | | | % taxi: | | | | | % other: | | | | | |
| ARE THERE ANY PUBLICITY SIGNS ON THE VEHICLE? | | | | | | | | | | | | | YES | | | | | NO |
| If yes, specify amount | | | | | | | |  | | | | | | | | | | |
| IS THE VEHICLE MODIFIED FOR ADAPTED TRANSPORT? | | | | | | | | | | | | | YES | | | | | NO |
| If yes, specify amount | | | | | | | |  | | | | | | | | | | |
| CURRENT/PREVIOUS INSURER | |  | | | | | | | | | | | | | | | | |
| POLICY NO | | | |  | | | | | | | PREMIUM | | | | |  |
| WAS THE RISK EVER REFUSED OR CANCELED BY THE INSURER? | | | | | | | | | | | | | YES | | | | | NO |
| If yes, describe circumstances | | | | | | | |  | | | | | | | | | | |
| DOES THE APPLICANT OWN A PERSONAL VEHICLE? | | | | | | | | | | | | | YES | | | | | NO |
| IS THE VEHICLE EQUIPPED WITH A TPV MODEM FOR CREDIT CARD? | | | | | | | | | | | | | YES | | | | | NO |
| IS THE VEHICLE EQUIPPED WITH AN AUTOMATIC GPS CALL DISTRIBUTION? | | | | | | | | | | | | | YES | | | | | NO |
|  | | | | | | | | | | | | | | | | | | |
| **SECTION 4 – VEHICLE INFORMATION** | | | | | | | | | | | | | | | | | | | |
| (Please join an additional page if needed.) | | | | | | | | | | | | | | | | | | | |
| **YEAR** | **MAKE** | | | **MODEL** | | | | | | | **SERIAL NO** | | | | | **ACTUAL VALUE** | | | |
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| **SECTION 4 – VEHICLE INFORMATION (continued)** | | | | | | | | | | | | | | | | | | | |
| **YEAR** | **MAKE** | | | **MODEL** | | | | | | | **SERIAL NO** | | | | | **ACTUAL VALUE** | | | |
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| **SECTION 5 – DRIVER(S) INFORMATION** | | | | | | | | | | | | | | | | | | | |
| (Please join an additional page if needed.) | | | | | | | | | | | | | | | | | | | |
| **NAME** | | **USING VEHICLE NO** | **DRIVER LICENSE NO** | | | | | | | **NUMBER OF YEARS OF EXPERIENCE** | | **ACCIDENTS WITHIN THE LAST 5 YEARS** | | | | | **TRAFIC VIOLATIONS** | | |
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| **SECTION 6 – CLAIMS HISTORY** | | | | | | | | | | | | | | | | | | | |
| (Please join the SAAQ driver record.) | | | | | | | | | | | | | | | | | | | |
| **DATE** | **DESCRIPTION** | | | | | | | | | **% OF RESPONSIBILITY** | | | | | **AMOUNT PAYED** | | | | |
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| PLEASE INDICATE ANY INFRACTION OR VIOLATION UNDER THE HIGHWAY SAFETY CODE OR CRIMINAL CODE INVOLVING THE APPLICANT AND DRIVER AS USERS OVER THE PAST THREE (3) YEARS. | | | | | | | | | | | | | | | | | | | |
| **DATE** | **DRIVER’S NAME** | | | | | | **DESCRIPTION** | | | | | | | | **NUMBER OF POINTS** | | | | |
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| **SECTION 7 – CREDITOR** | | | | | | | | | | | | | | | | | | | |
| (Please join an additional page if needed.) | | | | | | | | | | | | | | | | | | | |
| **VEHICLE NO** | **NAME** | | | | | | | | | **ADDRESS** | | | | | | | | | |
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| **SECTION 8 – COMMENTS** | | | | | | | | | | | | | | | | | | | |
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***Misrepresentation***

The applicant certifies that all information provided is accurate and complete. Any misrepresentation or deceitful concealment on the part of the Insured in connection with facts known to him and likely to materially influence a reasonable insurer in the setting of the premium and the appraisal of the risk of the decision to cover it, nullifies the contract of the instance of the Insurer, even for losses not connected with the risks so misrepresented.

***Signing of this application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all information submitted to or requested by the Insurer in conjunction with this application is hereby incorporated by reference into this application and made a part thereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Applicant. It is further agreed that this application and all information submitted to or requested by the Insurer in conjunction with this application is the basis of and is deemed attached and incorporated into any policy effected pursuant to this application.***

***The information provided is, to my knowledge, correct.***

***Return by email to:*** [***gbadro@bflcanada.ca***](mailto:gbadro@bflcanada.ca) ***or by fax at 514-843-3842 (MTL) / 418-654-2045 (QUEBEC)***

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| Signature of Applicant |  | Date |
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| Signature of Broker |  | Date |