

Ontario Application for Automobile Insurance

Owner's Form (OAF 1)

This is your Application for Automobile Insurance.

- Check it carefully and notify your Broker/Agent of any errors or of any changes in the future.
- Retain this document for your Records.

Some of the terms used in this application are explained further below.

Insurance Company
Nordic Facility Insurance

Broker/Agent
New World Insurance Services (Ontario) Limited

Insurance Coverages Applied For

Ontario motorists must have the following standard coverages: Liability, Accident Benefits and Uninsured Automobile. You must also have Direct Compensation - Property Damage coverage, unless you elect not to recover damages under this coverage, and you make this election by providing written confirmation to your Insurer. You may also purchase additional insurance for Loss or Damage to the automobile and Optional Increased Accident Benefits. This is a brief explanation of the insurance coverages available to you. For complete details consult your policy. Your Insurer will supply you with a copy of the policy if you request it.

Liability - Provides coverage for you or other insured persons if someone else is killed or injured or their property is damaged in an automobile incident. It will pay for legitimate claims against you or other insured persons up to the limit of your coverage, and the cost of settling claims.

Accident Benefits - Your insurance company is obligated to explain details of Accident Benefits coverage to you.

Provides benefits that you and other insured persons may be entitled to receive if injured or killed in an automobile accident. These benefits include: income replacement for persons who have lost income; payments to non-earners who suffer complete inability to carry on a normal life; payment of care expenses to persons who cannot continue to act as a primary caregiver for a member of their household; payment of medical, rehabilitation and attendant care expenses; payment of certain other expenses; payment of funeral expenses; and payments to survivors of a person who is killed. You may also purchase optional benefits to increase the standard level of benefits provided in your policy.

The optional benefits your insurance company must offer are:

Increased Income Replacement - The standard level of income replacement provided in the policy (\$400 per week maximum) may be increased by purchasing optional coverage so that the weekly limit is up to \$600, \$800 or \$1,000. All income replacement benefits are based on 70% of your gross weekly income.

Increased Medical, Rehabilitation and Attendant Care - The standard benefit pays up to \$65,000 for medical, rehabilitation and attendant care expenses with a 5 year time limit in most cases. If catastrophically impaired, the standard benefit pays up to \$1,000,000 for medical, rehabilitation and attendant care expenses. You may purchase an optional medical, rehabilitation and attendant care benefit of \$130,000 or \$1,000,000.

Additional Catastrophic Impairment - You may purchase an optional catastrophic impairment benefit of an additional \$1,000,000 added to the standard medical, rehabilitation and attendant care benefit or the optional increased medical, rehabilitation and attendant care benefit.

Caregiver Benefit, Housekeeping and Home Maintenance Expenses - The standard benefit for caregiver benefit, housekeeping and home maintenance expenses is available only for a person who is catastrophically impaired. You may purchase an optional benefit to provide these coverages for other impairments.

Death and Funeral - The standard level of death benefits paid to the surviving spouse and dependant of a person who is killed (\$25,000 to a surviving spouse and \$10,000 to each surviving dependant) may be doubled by purchasing this optional coverage. This coverage also increases the standard funeral expense benefit from \$6,000 to \$8,000.

Dependant Care - There is no standard dependant care benefit. You may purchase an optional benefit to receive weekly dependant care expenses of \$75 for the first dependant, and \$25 for each additional dependant, up to \$150 per week, for employed persons not receiving a weekly caregiver benefit.

Indexation Benefit - This optional coverage will ensure that certain weekly benefit payments and monetary limits will be adjusted on an annual basis to reflect changes in the cost of living.

Uninsured Automobile

Provides coverage if you or other insured persons are injured or killed by an uninsured motorist or by an unidentified (e.g. hit-and-run) driver. It also covers damage to your automobile and its contents caused by an identified, uninsured motorist, subject to a \$300 deductible.

Direct Compensation - Property Damage

Provides coverage in Ontario, under certain conditions, for damage to your automobile and to property it is carrying, when another motorist is responsible. It is called Direct Compensation because you will collect from us, your insurance company, even though you are not at fault for the accident. There may be a deductible amount, and this amount is either paid by you toward the cost of repairs or is deducted from the loss settlement. Higher deductibles may reduce your premium. You may elect not to recover damages from your insurance company under this coverage if you make this election by providing written confirmation to your insurance company.

Loss or Damage

Provides a selection of optional coverages for your own automobile. Payments cover direct and accidental loss of, or damage to, a described automobile and its equipment. There is usually a deductible amount indicated for each coverage and this amount is either paid by you toward the cost of repairs or is deducted from the loss settlement. Higher deductibles may reduce your premium. There are four types of coverages:

Specified Perils: Covers the described automobile against loss or damage caused by certain specific perils.

They are: fire; theft or attempted theft; lightning, windstorm, hail or rising water; earthquake; explosion; riot or civil disturbance; falling or forced landing of aircraft or parts of aircraft; or the stranding, sinking, burning, derailment or collision of any kind of transport in, or upon which, the described automobile is being transported.

Comprehensive: Covers a described automobile against loss or damage other than those covered by Collision or Upset, including perils listed under Specified Perils, falling or flying objects, missiles and vandalism.

Collision or Upset: Covers damage when a described automobile is involved in a collision with another object or tips over. This coverage cannot be issued or offered to you if you have made an election not to recover damages from us under Section 6, Direct Compensation - Property Damage Coverage.

All Perils: Combines the Collision or Upset and Comprehensive coverages.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of the insurance company's insurance business in Canada.

New policy Replacing Policy No. Company bill Broker/Agent bill Other (specify) Language Preferred English French

Insurance Company (Insurer)
Nordic Facility Insurance

1 Applicant's Name & Primary Address
"Primary Address" means address where applicant normally resides.
Name and Address **Milomir Todic**
31-M Mcgee Ave.
Kitchener, ON N2B 2T1

Broker/Agent
New World Insurance Services (Ontario) Limited Broker Code:
Lessor (if applicable)
Name and Address
Postal Code
Phone No. Fax

2 Policy Period (all times are local times at the applicant's address shown above)
Effective Date: Year **2024** Month **5** Day **25** Time: **12:01** a.m. p.m. Expiry Date: Year **2025** Month **5** Day **25** Time: **at 12:01 a.m.**

3 Described Automobile Each automobile will be used primarily in the vicinity of the applicant's address, unless otherwise stated in Remarks.

Auto No.	Model Year	Make or Trade Name	Model	Body Type	No. of Cylinders or Engine Size	Gross Vehicle Weight Rating [] Lbs [x] Kg
1.	2007	TOYOTA	CAMRY HEV 4DR	Private Passenger-4 Door Sedan/Har	4	
2.						
3.						

Auto No.	Vehicle Identification No. (Serial No.)	Owned?	Leased?	Purchased/Leased				Purchase Price (including options & taxes)	Automobile Use (*Give details in Remarks section)				
				Year	Month	New?	Used?		Pleasure	Commute One-Way %*(see Note 1)	Business Use	Farm Commercial*	
1.	JTNBB46KX73008727	X					X		40	km	%		
2.									km	%			
3.									km	%			

Auto No.	Estimated Annual Driving Distance	Is any automobile used for car pooling? If Yes, give no. of Passengers and Details	Type of Fuel Used			Unrepaired Damage? (If Yes, give details in Remarks section)	Modified/Customized (See Note 2)	
			Gas	Diesel	If other, give details:		Yes	No
1.	40,000 km	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	X			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2.	km	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.	km	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Auto No.	Lienholder Name & Postal Address
1.	
2.	
3.	

- Is the applicant both the Registered Owner and the Actual Owner of the described automobile(s)? Yes No If No, give details in Remarks section.
- Will any of the described automobiles be rented or leased to others, or used to carry passengers for compensation or hire, or haul a trailer, or carry explosives or radioactive material? Yes No
- Total number of automobiles in the household or business.

4 Driver Information – List all drivers of the described automobile(s) in the household or business.

Driver No.	Name as shown on Driver's Licence	Driver's Licence Number	Date of Birth Year	Month	Day	Sex	Marital Status
1.	Milomir Todic	T60845540650612				U	U
2.							
3.							
4.							

Driver No.	Driver Training Certificate Attached?	Date First Licensed in Canada or U.S. (Class G or equivalent)		Other class of licence, if any			Percentage Use by Each Driver			Are any other persons in the household or business licensed to drive?	Do any drivers qualify for Retiree Discount? (See Note 3)	
		Class	Year	Month	Class	Year	Month	Auto. 1	Auto. 2			Auto. 3
1.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		1995	1					100			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2.	Yes <input type="checkbox"/> No <input type="checkbox"/>											Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Yes <input type="checkbox"/> No <input type="checkbox"/>											Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Yes <input type="checkbox"/> No <input type="checkbox"/>											Yes <input type="checkbox"/> No <input type="checkbox"/>

Special Notes:

Note 1: Business Use % - State the usual percentage of annual driving distance that is for business use. (Enter 0 if there is no business use)

Note 2: Modified/customized includes changes, other than repairs or restorations that affect the original manufacturer's design specifications or increase the value of the automobile. These may include, but are not limited to: engine modifications; paint changes; non-factory installed wheels, tires and electronic accessories and equipment, etc. If you are insured for "Loss or Damage Coverage", there is a \$1500 limit on non-factory installed electronic accessories and equipment.

Note 3: Retiree Discount – You may be entitled to a discount if you are the principal operator of a described automobile, are retired, have not been employed for 26 weeks or more in the last 52 weeks, do not earn or receive income from any office or employment, are not engaged in any professional occupation and are not operating a business. To qualify, you must be at least age 65, or receiving a pension under the Canada Pension Plan, the Quebec Pension Plan, or a pension registered under the Income Tax Act. If you qualify, your broker or agent will ask you to sign a declaration to confirm this.

If a driver is licensed less than 6 years in Canada, driving experience in other countries may be recognized. Attach proof of other licensing and insurance. What are the details of the applicant's most recent automobile insurance?

Insurance Company Personal	Policy No. K3180551	Expiry Date Year Month Day 2025 2 1
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To the applicant's knowledge...

- Has any driver's licence, vehicle permit etc, issued to the applicant or to any person in the household or business been suspended or cancelled in the last 6 years?
Yes No If Yes, give details in Remarks section.
- Has any insurance company cancelled automobile insurance for the applicant or any listed driver in the last 3 years?
Yes No If Yes, give details in Remarks section.
- During the last 3 years, has any automobile insurance policy issued to the applicant or any listed driver been cancelled or has any claim been denied for material misrepresentation?
Yes No If Yes, give details in Remarks section.
- Has the applicant or any listed driver been found by a court to have committed a fraud connected with automobile insurance?
Yes No If Yes, give details in Remarks section.

5 Previous Accidents and Insurance Claims

Give details of all accidents or claims arising from the ownership, use or operation of any automobile by the applicant or any listed driver during the last 6 years. The coverages are: BI - Bodily Injury, PD - Property Damage, AB - Accident Benefits, DCPD - Direct Compensation - Property Damage, UA - Uninsured Automobile, Coll- Collision, AP - All Perils, Comp - Comprehensive, SP - Specified Perils

Driver No.	Auto No.	Date			Coverage Claim Paid Under							Amount Paid or Estimate	Details (Use Remarks section if necessary)
		Year	Month	Day	BI	PD	AB	DCPD	UA	Coll/AP	Comp/SP		

6 History of Convictions

Give details of all convictions of the applicant and any listed driver arising from the operation of any automobile in the last 3 years.

Driver No.	Date Convicted			Details (Use Remarks section if necessary)	Driver No.	Date Convicted			Details (Use Remarks section if necessary)
	Year	Month	Day			Year	Month	Day	

7 Rating Information – AGENT/BROKER AND COMPANY USE ONLY

Auto No.	Class	Driving Record					Driver No.		At-Fault Claim Surcharges		Conviction Surcharges	
		BI	PD	AB	DCPD	Coll/AP	Princ.	Sec.	Description	%	Description	%
1.	07	3	3	3	3	3						
2.												
3.												

Auto No.	List Price New	Vehicle Code	Rate Group				Location	Territory	Discounts	
			AB	DCPD	Coll/AP	Comp/SP			Description	%
1.	\$34,133.00	774700	37	31	25	18		14		
2.										
3.										

10 Method of Payment				
Type of Payment Plan	Estimated Policy Premium **	Tax	Interest	Total Estimated Cost
Monthly	\$5,684.00		\$73.89	\$5,757.89
Amt. Paid with Application	Amount Still Due	No. of Remaining Instalments	Amount of Each Instalment	Instalment Due Date
960.00	4797.89	10	479.79	

**** This policy premium is estimated and subject to adjustment or confirmation by the insurer. If we issue a policy and the applicant cancels it, there may be a minimum premium shown on your Certificate of Automobile Insurance that will not be refunded.**

11 Declaration of Applicant – Read this section carefully before you sign.

I understand that to qualify for a driver's licence, drivers:

- must not suffer from any mental, emotional, nervous or physical disability that significantly interferes with the driver's ability to safely drive an automobile of the class they are licensed for;
- must not be addicted to alcohol or a drug to the extent that it significantly interferes with the driver's ability to safely drive an automobile; and
- must notify the Ministry of Transportation immediately if the driver becomes physically or mentally disabled to the extent that it might interfere with the driver's ability to safely drive an automobile.

To the best of my knowledge,

- all listed drivers are qualified and hold a valid driver's licence,
- the details in Sections 1 to 6 and 9 are correct.

Inspection:
My Insurer may require my automobile to be inspected. If I do not co-operate with any reasonable arrangements to inspect my automobile, I understand my optional loss or damage coverages under Section 7 may be cancelled, and any claims under that section may be denied.

Warning - The Insurance Act provides that where:
(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 therein; or
(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, for other than such statutory accident benefits as are set out in the Statutory Accident Benefits Schedule, is invalid and the right of the Insured to recover indemnity is forfeited.

Warning – Offences
It is an offence under the Insurance Act to knowingly make a false or misleading statement or representation to an Insurer in connection with the person's entitlement to a benefit under contract of insurance, or to wilfully fail to inform the Insurer of a material change in circumstances within 14 days, in connection with such entitlement. The offence is punishable on conviction by a maximum fine of \$250,000 for the first offence and a maximum fine of \$500,000 for any subsequent conviction.

It is an offence under the federal Criminal Code for anyone to knowingly make or use a false document with the intent it be acted on as genuine and the offence is punishable, on conviction, by a maximum of 10 years imprisonment.

It is an offence under the federal Criminal Code for anyone, by deceit, falsehood or other dishonest act, to defraud or to attempt to defraud an insurance company. The offence is punishable, on conviction, by a maximum of 14 years imprisonment for fraud involving an amount over \$5,000 or otherwise a maximum of 2 years imprisonment.

Notice and Consent
I am applying for automobile insurance based on the information provided above. With respect to this application or any renewal or change in coverage, I authorize you to collect, use and disclose my driving record, automobile insurance policy history and automobile insurance claims history as permitted by law for the limited purposes necessary to assess the risk, to investigate and settle claims, and to prevent, detect and suppress fraud. If I am issued an automobile insurance policy or if I make a claim, this information may be pooled with information from other sources and may be subject to analysis for the limited purpose of preventing, detecting or suppressing fraud. For this purpose, the information also may be disclosed to i) fraud prevention organizations, other insurance companies and the police and ii) databases or registers used by the insurance industry to analyze and check information provided against existing information.

I declare that I have obtained consent from the listed drivers to the collection, use and disclosure by you of their driving record, automobile insurance policy history and automobile insurance claims history as described above, I also declare that, prior to permitting any other individuals to drive my automobile, I will obtain consent from such individuals to the collection, use and disclosure by you of their driving record, automobile insurance policy history and automobile insurance claims history also as described above.

I understand that if I have any questions about this consent I am free to consult with my insurance company representative or legal advisor before signing this document.

To obtain further information about how your consent relates to pooling and data analytics to prevent and detect fraud please visit <http://www.ibc.ca/en/privacy-terminology.asp>.

Applicant's Signature		Date	05/24/2024
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12 Report of Broker/Agent

Have you bound this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this business new to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Motor Vehicle	How long have you known the Applicant?	How long have you known the Principal Driver?
E-Signed : 05/24/2024 11:32 AM EDT todyb747@gmail.com IP: 199.119.233.155 Certifi Electronic Signature DocID: 20240524100714444				
Has an inspection been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date		
Broker/Agent Signature		Date		

**The Applicant must receive a copy of the signed application.
A supplementary form for commercial or public use automobiles may be necessary.**

PolicyRemarks
Insured Teaches in the City of Kitchener
OPCF 6D inc.

Underwriting question responses:

Total number of licenced drivers in household

Answer: 2

Are any other persons in the household or business licenced to drive?

Explanation: Insured's spouse is Licenced, drives a separate car and is under a different policy

Vehicle 1

Licence Province: ON

Will the automobile be used to carry passengers for compensation or hire?

Explanation: Driving School Instructor

Has the automobile been modified or customized?

Explanation: Dual Brakes and Mirrors



COMMERCIAL VEHICLE SUPPLEMENT

INSURANCE COMPANY Nordic Insurance		<input type="checkbox"/> QUOTE <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL POLICY / BINDER NUMBER	
1. APPLICANT'S FULL NAME AND POSTAL ADDRESS		2. BROKER'S NAME AND POSTAL ADDRESS	
Todic, Milomir 31 M McGee Ave Kitchener ON		New World Insurance 212 - 3621 Highway 7 East. Markham, ON	
POSTAL CODE N2B2T1		POSTAL CODE L3R 0G6	
CONTACT NUMBER HOME 519-588-1768	CELL	CONTACT NUMBER HOME	CELL
BUSINESS	FAX	BUSINESS 905-513-1818	FAX 905-513-1829
PREFERRED LANGUAGE <input checked="" type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH		BROKER CONTRACT NUMBER	BROKER SUB-CONTRACT NUMBER
EMAIL ADDRESS		GROUP / PROGRAM NAME	GROUP ID
WEBSITE ADDRESS		BROKER CLIENT ID	COMPANY CLIENT ID

3. BUSINESS TYPE

CHECK AS APPROPRIATE (FOR ITEMS MARKED WITH AN ASTERISK AND NUMBER. THE APPLICABLE SECTIONS MUST BE COMPLETED)

<input type="checkbox"/> COMMON CARRIERS	<input type="checkbox"/> COURIER SERVICE	<input type="checkbox"/> DRIVING SCHOOL COMPLETE ITEM (*16)	<input type="checkbox"/> PICK UP CUSTOMER GOODS
<input type="checkbox"/> CONTRACT CARRIERS	<input type="checkbox"/> ROAD CONSTRUCTION	<input type="checkbox"/> BUS SERVICE COMPLETE ITEM (*18)	<input type="checkbox"/> OTHER (SPECIFY)
<input type="checkbox"/> PRIVATE CARRIERS	<input type="checkbox"/> GENERAL CONTRACTOR	<input type="checkbox"/> ARTISAN USE ONLY COMPLETE ITEM (*4)	
<input type="checkbox"/> DELIVERY, WHOLESALE	<input type="checkbox"/> TOWING SERVICE	<input type="checkbox"/> FARMER	
<input type="checkbox"/> DELIVERY, RETAIL	<input type="checkbox"/> TAXIS/LIMOS COMPLETE ITEM (*18)	<input type="checkbox"/> LEASING TO OTHERS	

4. ARTISAN

AVG. NO. OF CUSTOMERS' LOCATIONS VISITED IN A WORK DAY: _____ IS THE VEHICLE ALSO USED FOR PLEASURE? YES NO

5. DRIVING EXPERIENCE	6. HAULING DONE FOR OTHERS
OPERATOR'S YEARS OF DRIVING EXPERIENCE FOR LISTED VEHICLE OR SIMILAR TYPE.	
AUTO NO. DRIVER NO.	AUTO NO. NEVER DAILY WEEKLY OTHER (SPECIFY)
1 since 1992	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

7. (A) COMMODITIES TRANSPORTED	7. (B) DANGEROUS GOODS TRANSPORTED
LIST MERCHANDISE CARRIED	IDENTIFY AUTOS CARRYING (NOTE: IF EXPLOSIVES OR RADIOACTIVE MATERIAL IS CARRIED, COMPLETE, SIGN, AND ATTACH APPROPRIATE QUESTIONNAIRE.)
N/A	EXPLOSIVES NUCLEAR / RADIOACTIVE MATERIAL DANGEROUS GOODS
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

8. TRAVEL AND RADIUS OF OPERATION

AUTO NO.	LIST GARAGING LOCATION(S)	ONE WAY DISTANCE (KMS)		% OF TOTAL TRIPS		NO. OF TRIPS PER MONTH BEYOND STANDARD RADIUS FROM PLACE USUALLY KEPT	DESTINATIONS LIST CITIES, PROVINCES, AND STATES
		NORMAL RADIUS (I)	MAXIMUM RADIUS (II)	(I)	(II)		
	as above	20	30	80	20		City of Kitchener

9. VEHICLE FILINGS

LIST ALL FEDERAL, PROVINCIAL, MUNICIPAL, OR UNITED STATES FILINGS REQUIRED

PROVINCE, STATE, CITY OR ICC	DOCKET NO. (IF ANY)	SPECIFY EXACT NAME REQUIRED ON THE FILING
City of Kitchener		

10. ATTACHED MACHINERY AND EQUIPMENT

DESCRIBE MACHINERY OR EQUIPMENT MOUNTED ON OR ATTACHED TO VEHICLES

AUTO NO.	DESCRIPTION	EXCLUDED	OWNED	LEASED	VALUE
	Dual Brakes	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000.00
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	

11. TRAILERS	12. PLEASURE USE	13. TRAILER TRAIN	14. SPECIAL / SEASONAL USE
AUTO NO. IS THE VEHICLE USED TO HAUL ANY TRAILERS?	STATE %	IDENTIFY ANY AUTOS THAT WILL FORM ANY PART OF A TRAILER TRAIN	ANY SPECIAL OR SEASONAL USE? AUTO NO. NO. OF MONTHS IF YES, DESCRIBE USAGE (EG. SNOW REMOVAL, ROAD SALTING?)
<input type="checkbox"/> YES <input type="checkbox"/> NO		N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO

REMARKS

COMMERCIAL VEHICLE SUPPLEMENT

15. NON-OWNED VEHICLES

DOES THE APPLICANT NEED OPCF/SEF/QEF/NBEF 27/27B LIABILITY FOR DAMAGE TO NON-OWNED VEHICLES? YES NO IF "YES" SPECIFY BELOW:

(A) HAS LIABILITY BEEN ASSUMED UNDER CONTRACT OR AGREEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	(B) VEHICLE TYPE OF NON-OWNED VEHICLE	(C) AVERAGE NO. OF VEHICLES AT ANY ONE TIME AND THEIR AVERAGE VALUE	(D) MAXIMUM NO. OF VEHICLES AT ANY ONE TIME	AND THEIR COLLECTIVE MAXIMUM VALUE	(E) WHAT IS THE VALUE OF THE MOST EXPENSIVE UNIT?
		N/A		\$	\$
				\$	\$
				\$	\$

16. DRIVING SCHOOLS

17. RECREATIONAL VEHICLES

CHECK ALL EXPOSURES THAT APPLY

ARE ANY RECREATIONAL TYPE VEHICLES USED FOR COMMERCIAL PURPOSES?

AUTO NO.	ROAD COURSE TYPE PUBLIC PRIVATE	TRACTOR TRAILER TRAINING UNLOADED TRAILER LOADED TRAILER	YES/NO <input type="checkbox"/> YES <input type="checkbox"/> NO	AUTO NO.	USAGE	FREQUENCY
		N/A			N/A	

18. PUBLIC VEHICLES

AUTO NO.	VEHICLE TYPE	USAGE
	<input type="checkbox"/> BUS <input type="checkbox"/> COMMERCIAL VEHICLE <input type="checkbox"/> PUBLIC BUS <input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> PRIVATE BUS <input type="checkbox"/> HOTEL OR COUNTRY CLUB BUS <input type="checkbox"/> TAXI <input type="checkbox"/> LIMOUSINE
	<input type="checkbox"/> BUS <input type="checkbox"/> COMMERCIAL VEHICLE <input type="checkbox"/> PUBLIC BUS <input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> PRIVATE BUS <input type="checkbox"/> HOTEL OR COUNTRY CLUB BUS <input type="checkbox"/> TAXI <input type="checkbox"/> LIMOUSINE
	<input type="checkbox"/> BUS <input type="checkbox"/> COMMERCIAL VEHICLE <input type="checkbox"/> PUBLIC BUS <input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> PRIVATE BUS <input type="checkbox"/> HOTEL OR COUNTRY CLUB BUS <input type="checkbox"/> TAXI <input type="checkbox"/> LIMOUSINE

AUTO NO.	MAX. # OF PASSENGERS NORMALLY CARRIED	MAX. # OF PERMANENTLY ATTACHED SEATS	SERVICE PROVIDED
			N/A
			<input type="checkbox"/> REGULAR ROUTE(S) <input type="checkbox"/> CITY OR TOWN <input type="checkbox"/> REGULAR SERVICE BETWEEN TOWNS <input type="checkbox"/> CHARTER <input type="checkbox"/> AIRPORT <input type="checkbox"/> WEDDINGS
			<input type="checkbox"/> REGULAR ROUTE(S) <input type="checkbox"/> CITY OR TOWN <input type="checkbox"/> REGULAR SERVICE BETWEEN TOWNS <input type="checkbox"/> CHARTER <input type="checkbox"/> AIRPORT <input type="checkbox"/> WEDDINGS
			<input type="checkbox"/> REGULAR ROUTE(S) <input type="checkbox"/> CITY OR TOWN <input type="checkbox"/> REGULAR SERVICE BETWEEN TOWNS <input type="checkbox"/> CHARTER <input type="checkbox"/> AIRPORT <input type="checkbox"/> WEDDINGS

AUTO NO.	IF REGULAR PUBLIC BUS SERVICE BETWEEN TOWNS: LIST ALL REGULAR DESTINATIONS	ONE WAY DISTANCE	LIST DESTINATIONS	IF CHARTER SERVICE: NO. TRIPS PER MONTH ON AVERAGE
		KMS.		
		KMS.		
		KMS.		

SCHOOL BUSES

PRIVATE BUSES

AUTO NO.	ARE BUSES ALSO USED FOR CHARTER SERVICE?	NO. TRIPS PER MONTH EACH BUS	MAX. NO. BUSES USED IN CHARTER SERVICE	AUTO NO.	ARE BUSES USED TO TRANSPORT EMPLOYEES TO AND FROM WORK?	SPECIFY OTHER PRIVATE BUS USAGE	FREQUENCY OF USE
	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SPORTING EVENTS <input type="checkbox"/> EMERGENCY EVACUATION <input type="checkbox"/> OTHER	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY
	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SPORTING EVENTS <input type="checkbox"/> EMERGENCY EVACUATION <input type="checkbox"/> OTHER	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY
	<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SPORTING EVENTS <input type="checkbox"/> EMERGENCY EVACUATION <input type="checkbox"/> OTHER	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY

TAXIS OR LIMOUSINES

AUTO NO.	LICENSE PLATE NO.	TAXI NO.	TAXI PLATE NO.	TAXI PLATE LICENSING AUTHORITY
			N/A	

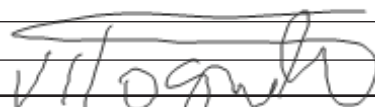
TAXIS OR LIMOUSINES

AUTO NO.	NAME AND ADDRESS OF TAXI PLATE OWNER	ARE INSURED VEHICLES BROKER / DISPATCHED BY OTHER THAN REGISTERED OWNER?	BROKER / DISPATCHER NAME
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

TAXIS OR LIMOUSINES

AUTO NO.	IS THE INSURED VEHICLE PLATE LEASED TO OTHERS?	NAME AND ADDRESS OF LESSEES	ANY VEHICLES USED FOR OTHER THAN TAXI OR LIMOUSINE SERVICES?
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

19. REMARKS

Insured's Signature 

new world insurance

CONSENT TO COLLECTION, USE AND DISCLOSURE OF PERSONAL/COMPANY INFORMATION

In order to assess your application for insurance, we require you to provide certain personal/company information and permit us to disclose to, and obtain from, industry sources this and other information. In addition, we will collect and exchange information relating to any claims under your policy. If you do not agree with our use and disclose of your information in connection with your application and servicing any policy that we arrange to issue, we will not be able to offer you the insurance or financial services product you are interested in.

In addition, unless you advise us not to, we also use and share among our member companies your information for the purposes of providing you with information about additional insurance-related and other financial products. We also may share information with business associates to provide you with approved products. If you do not want your information used for these purposes, you may decline to provide this consent.

If you have any questions regarding our privacy policies, please contact our privacy officer at:

New World Insurance Services (Ontario) Limited
3621 Highway 7 East, Suite 212
Markham, Ontario L3R 0G6
Tel: (905) 513-1818

Consent

I/We Todic, Milomir, an applicant for insurance, understand that by
(Name of Applicant)

submitting the application, I/we consent to the collection, use and disclosure of my/our personal/company information (including credit information) by New World Insurance Services (Ontario) Limited as described above. As well, unless noted otherwise, I/we consent to the use and disclosure of my/our information to contact me/us about additional insurance, financial and other related products. I/We confirm that any other persons whose personal information is contained in the accompanying application have consented to the collection, use and disclosure of their personal information as described above.


Signatory/Authorized Signature
todyb747@gmail.com

Position: Applicant

Name of Applicant: Todic, Milomir

Date: 05/24/2024

DIRECT COMPENSATION DEDUCTIBLE ENDORSEMENT

Issued to Todic, Milomir	Effective Date of Change			Policy Number BINDER- TODICMIL01
	Year	Month	Day	
	2024	05	25	

In consideration of the premium charged, where section 263 of the Insurance Act (Direct Compensation-Property Damage) applies, the Insured agrees to Reimburse the Insurer in the sum of **\$ 500.-** or the actual amount of loss or damage whichever is the lesser in respect of loss of or damage to an owned automobile, and for loss of use of the automobile in accordance with the Insurance Act and the Fault Determination Rules made under the act.

Except as otherwise provided in this endorsement, all limits, terms, conditions, provisions, definitions and exclusions of the policy shall have full force and effect.

Date 05/24/2024



Signature of Insured
todyb747@gmail.com

Date _____

Signature of Authorized Representative

A payment plan that's right for you

The Monthly Payment Plan has a 3% interest charge (see details below). Only 12 month policies are eligible with a minimum premium of \$300.00 (Please call your broker to confirm if you qualify).

How it works

With your authorization, equal monthly payments are automatically withdrawn from your bank account. A 3% interest charge is included. We require a guaranteed downpayment equal to 2/12ths plus 3% interest, of the total annual premium up front. The rest of the payments are automatically withdrawn in equal monthly installments. You will receive an account summary outlining these amounts. Withdrawal dates are pre-set to the policy effective date. There are no other options available. The last withdrawal from your bank account is 60 days before renewal of your policy. The monthly payment plan then runs automatically, with the first withdrawal 30 days before the renewal date.

Policy changes

When you make a change to your insurance policy, report it to your insurance broker. A down payment withdrawal applies to additional premium endorsements. When the change is processed, you will receive a revised account summary outlining your payment schedule and new payment amounts.

Change of bank or financial institution

The monthly payment plan works with any Canadian bank, trust company or credit union chequing account. If you change your bank branch or switch to a different financial institution, we need 3 weeks notice. Simply contact your broker to make the necessary changes. We will require a new authorization form filled out and a sample void cheque.

How to apply

1. Include a guaranteed down payment in the form of a money order or certified cheque
2. Complete the attached authorization
3. Attach a sample cheque marked "void"

Interest charge is 3% of gross premium, paid in equal installments over the term of the policy and is equivalent to an effective annual rate of 8%.

Please note: a \$50 administration fee is added to any returned payment.

Terms & Conditions

In this authorization, "I", "me" and "my" refers to each Account Holder who signs below.

I acknowledge that this authorization form is provided for the benefit of the payee - The Nordic Insurance Company of Canada, or its successors, assignees, affiliates or transferees (hereafter referred to as "Insurer") – and my financial institution and is provided in consideration of my financial institution agreeing to process debits against my account in accordance with the rules of the Canadian Payments Association.

I warrant and guarantee that all persons whose signatures are required to sign on this account have signed the agreement above.

I hereby authorize Insurer, to draw on my account with my financial institution, for the purpose of paying the premium of the insurance policy(ies) issued by Insurer, or of any replacement policy, any applicable charges and any applicable sales tax.

I waive the right to obtain written notice from Insurer, of the amount to be debited and the due date(s) of debiting, at least 10 calendar days prior to the date of the first payment, even when there is a change in the amount or payment date(s).

I may cancel this authorization at any time. I acknowledge that, in order to revoke this authorization, I must provide 10 days notice of revocation to Insurer. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

Revocation of this authorization does not terminate the insurance contract that exists between me and Insurer. The Payor's Authorization applies only to the payment method and does not otherwise have any bearing on the insurance contract.

I acknowledge that provision and delivery of this authorization to Insurer, constitutes delivery by me to my financial institution. Any delivery of this authorization to you constitutes delivery by me.

The account that Insurer is authorized to draw upon is indicated below. A specimen cheque has been marked "void" and attached to this authorization. I undertake to inform Insurer, in writing, of any change in the account information provided in this authorization at least 3 weeks prior to the next payment due date.

I acknowledge that my financial institution is not required to verify that the pre-authorized debit was issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount.

(continued on back)

Application & Authorization Form (please print)

Todic, Milomir

Insured Name (company name if applicable)

31 McGee Ave. Unit M

Mailing Address

Kitchener ON

N2B 2T1

City/Town

Postal Code

President's Choice Financial

Name of Financial Institution

Branch Address

30800

010

Branch Transit # (5 Digits)

Branch Institute # (3 Digits)

0087515755

Account # (Maximum 12 Digits)

Insurance Broker

Broker #

Nordic policy number

Personal PAD Business PAD

Authorization Forms

I have provided personal information in this document and otherwise and I may in the future provide further personal information. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of facilitating the payment of premiums related to my insurance policy. I confirm that all individuals whose personal information is contained in this document have consented to the collection, use and disclosure of their personal information including, without limitation, for electronic funds transfer, and have authorized me to agree to the above on their behalf.

Todic, Milomir

05/24/2024

Name of Account holder

Date

Signature

Name of Account holder

Date

Signature

Please remember to attach a guaranteed payment and a sample "void" cheque

Optional Accident Benefits Confirmation Form (2016)

1. Increased Income Replacement – the standard level of Income Replacement provided in the policy (\$400 per week maximum) can be increased by purchasing optional coverage so that the weekly limit is up to \$600, \$800 or \$1,000. All income replacement benefits are based on 70% of your gross weekly income.

*Requested Income Replacement Option:

\$400(Standard) \$600 \$800 \$1,000

2. Caregiver, Housekeeping and Home Maintenance Expenses – The standard Caregiver, Housekeeping and Home Maintenance expenses benefit is available only for a person who is catastrophically impaired. You can purchase an optional benefit to provide this coverage for all impairments.

*Requested Caregiver, Housekeeping and Home Maintenance Coverage:

Standard All Impairments

3. Medical, Rehabilitation and Attendant Care (Non-Catastrophic Loss) – The standard benefit pays up to \$65,000 for medical, rehabilitation and attendant care expenses with a 5 year time limit in most cases. If catastrophically impaired, the standard benefit pays up to \$1,000,000 for medical, rehabilitation and attendant care expenses. You may purchase an optional medical, rehabilitation and attendant care benefit of \$130,000 or \$1,000,000. **(Minor injuries are fixed at a maximum limit of \$3,500)**

Standard Increased Optional (\$130,000) Increased Optional (\$1,000,000)

4. Medical, Rehabilitation and Attendant Care (Catastrophic Loss) – You may purchase an optional catastrophic impairment benefit of an additional \$1,000,000 added to the standard medical, rehabilitation and attendant care benefit, or the optional increased medical, rehabilitation and attendant care benefit.

Standard Increased Optional (\$1,000,000)

5. Increased Death and Funeral – the standard level of Death benefits paid to the surviving spouse and dependent of a person who is killed (\$25,000) to surviving spouse; \$10,000 to surviving dependent, can be doubled by purchasing this optional coverage. This coverage also increases the standard Funeral expense benefit from \$6,000 to \$8,000.

*Requested Death and Funeral Benefit level:

Standard Increased optional coverage

6. Dependent Care – There is no standard dependent Care benefit for persons who are employed and care for dependents. You can purchase an optional benefit to receive additional weekly Dependent Care expenses of \$75 for the first dependent, and \$25 for each additional dependent, up to \$150 per week.

*Requested Dependent Care:

None Optional Coverage

7. Indexation Benefit – this optional coverage will ensure that certain weekly benefit payments and monetary limits will increase on an annual basis to reflect changes in the cost of living.

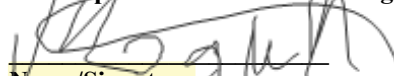
*Include Indexation benefit? No Yes

8. Added Coverage to Offset Tort Deductible – OPCF48 - This endorsement will provide a buy down on the deductible currently imposed by the Insurance Act on any settlements you should be awarded for pain and suffering following an automobile accident.

*Include Offset Deductible option? No Yes

9. Add Higher Limits for Third Party Liability Cover No Yes \$ _____

I understand that my selections for these coverages will affect the potential amount (I, my family, all drivers and passengers) can receive toward settlement should there be injuries in an automobile accident. I and all others warrant that the broker has fully explained the coverage and options outlined above, and request the broker places automobile coverage on my behalf with the coverage limits and options as selected above.



Name/Signature

05/24/2024

Date

Name of Insured : Todic, Milomir
todyb747@gmail.com

Policy No.: BINDER-TODICMIL01

This is a summary and for reference only. Details of coverage should refer to the actual Insurance Policy.

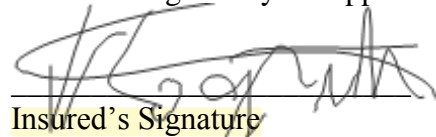
New World Insurance T:905 513 1818 F:905 513 1829 www.newworldinsure.com

Special Notice for Driving Instructor Auto Insurance (FA)

Below are some special features which you should be aware.

1. Optional Accident Benefits coverage: Please be reminded that the New Auto Reform effective **June 1, 2016** has significantly affected and reduced the Accident Benefits coverage under your auto policy. We urge you to review your situation and consider obtaining Optional Accident Benefits coverage.
Website: www.fSCO.gov.on.ca/en/auto/brochures/Pages/brochure_changes10.aspx
2. For this class of insurance, we can only access to capacity of up to \$2,000,000 Third Party Liability limit (subject to proof of Municipal requirement, or \$1,000,000 if so agreed). Please arrange additional coverage with other suppliers if you need so.
3. The insurance policy may contain DCPD (Direct Compensation Property Damage) deductible which applies to damage to vehicle for any not-at-fault claims.
4. Driving records and insurance history of all other drivers in the same household will be required for underwriting consideration at policy inception, during mid-term, and at renewal.
5. Rates and terms for renewal are not guaranteed. This can be affected by the overall performance of this class of business, as well as individual's driving records and history.
6. Waiver of Depreciation (OPCF43 or 43a) is not offered or available on driving instructor policy.
7. Mid-term changes in your situation, such as change of vehicle, status of your driver licence, addition of other drivers in the household, etc. must be reported to the insurance company, and may subject to rate or term changes.
8. Policy Termination: Any mid-term cancellation will be subject to short rate penalty. Certain period of additional notification will also be required to file with related transport authorities or cities, for which premium will be incurred to include those period of notification.
9. Reinstatement of policy is not available when the policy is to be cancelled for reasons such as non-payment cancellation, non-disclosure, or non-renewal.
10. Mid-term road coverage suspension or partial coverage suspension is not available.
11. Downtime and Loss of Use are not covered.

Noted and agreed by the applicant/insured and on behalf of other listed drivers.


Insured's Signature

05/24/2024

Date

Name of Insured Todic, Milomir

Policy No.: BINDER-TODICMIL01

(10012021)