

Farm Automobile Exposure Questionnaire

Named Insured:	Policy Number:
Broker:	Date Completed:
Expiry Date:	Broker's Name:

Return to: Farm Automobile Department

Note: Without this updated information, current coverage and farm ratings may not be available on renewal.

<p>1. Please fill out the attached Drivers List and applicable Automobile and/or Trailer Information Forms.</p> <p>2. If the Named Insured is a company, please confirm the owner(s). If it is a publicly owned company, please confirm the title and name of officer with signing authority for their policy.</p>	
<p>3. Farm Operations:</p> <p>Location of Farm, including county:</p> <p>Number of acres owned by insured:</p> <p>Does the insured reside on the Farm? Yes No</p> <p>Description of Farming operations:</p> <p>Percentage of income from farm: %</p> <p style="padding-left: 20px;">If less than 100%, indicate where other income from as part of question 7.</p> <p>Is there any delivery (retail/wholesale) or hauling for others? Yes No</p> <p style="padding-left: 20px;">If yes, confirm vehicle(s) used, radius, and frequency of trips for this purpose.</p> <p>Does the insured do farming work for others? Yes No</p> <p style="padding-left: 20px;">If so, indicate any vehicle used to carry equipment or supplies for that purpose.</p>	
<p>4. Please provide details of trips outside of Alberta and/or to the United States. (Destinations, frequency, purpose)</p>	
<p>5. List any trailers owned by the insured, not listed on this policy.</p>	
<p>6. Are any listed vehicle(s) used to haul non-owned trailers? Yes No</p> <p style="padding-left: 20px;">If so, please provide details of that use and vehicle(s) involved.</p>	
<p>7. Please provide details of any in the household who are attending school or employed away from the farm:</p>	
<p>8. Supporting Insurance:</p> <p>Farm Property & Liability: Carrier Policy Number</p> <p>Other Intact policies for the insured:</p>	

Policy Number:

Current as of:

Farm Policy Drivers List

Driver No.	Name	License Number	Province	Date of Birth (DD/Month/YY) eg. 06/March/18
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Include information for all licensed (including class 7) and non-licensed employees and/or persons in household.

Should any employee/person be in a non-driving position and/or the insured wishes to apply the SEF 28 & 8A to exclude them from consideration during the rating process, please advise.

****If licensed outside of Alberta, please attach copy of current abstract.**

Personal and Business Class Automobile Information

This form is not for vehicles used for farming or other commercial operations.

Policy Number:

Current as of:

Vehicle				
- Year/Make/Model				
- Last 6 digits of VIN				
GVW (Kgs)				
Value of vehicle				
Annual Mileage (kms)				
Garaged at Farm? Y/N				
If no, address where garaged				
Used for commute to/from Work/School? Y/N				
Commute Distance (kms)				
Description of Business Use				
<small>*Does not include carry of tools, equipment, or goods for compensation</small>				
What is being carried?				
Principal Operator				
Other Driver(s)				

Commercial Farm Use Automobile Information

Policy Number:

Current as of:

Vehicle				
- Year/Make/Model				
- Last 6 digits of VIN				
GVW (Kgs)				
Value of vehicle				
Annual Mileage (kms)				
% Pleasure Use				
Garaged at Farm? Y/N				
If no, address where garaged				
Used for commute to/ from Work/School? Y/N				
Commute Distance (kms)				
Description of Use				
What is being carried?				
Hauling for Others? Y/N				
Normal Radius (kms)				
Maximum Radius (kms)				
% of trips over 80kms				
Description of attached equipment of machinery.				
Value of attached.				
SEF 30A Required (Y/N)				
Principal Operator				
Other Driver(s)				

Trailer Information

Policy Number:

Current as of:

Vehicle				
- Year/Make/Model				
- Last 6 digits of VIN				
Length (Feet)				
Value of trailer				
Towing vehicle(s)				
Hauling done for others? Y/N				
What is being carried?				
Owned by Named Insured? Y/N				
If not, who is owner?				

Adding a New Driver

Name	License Number	License Class	Province	Date of Birth (DD/MM/YY)	First Licensed (DD/MM/YY)

Date First Licensed (DD/MM/YY):

Convictions in last 3 years:

Type of offense	Conviction Date (DD/MM/YY)

***If driver is surchargeable, please contact underwriter for authority.**

Has insured had prior license suspension? Yes No
 If yes, list dates of suspension(s) and reasons:

Claims in last 6 years:

Type of Claim	Amount Paid \$:	At Fault (Y/N)

Vehicle(s) to operate:	Principal or Occasional

Driver has their own vehicle and insurance for personal use? Yes No

Dates of prior insurance on personal or light commercial vehicles (1 Ton or less):

Dates of prior insurance on Heavy Commercial Vehicles (3 Ton or bigger):