

5. (a) TOTAL NUMBER OF EMPLOYEES

FULL TIME

PART TIME

PAST YEAR _____

1st PRIOR YEAR _____

2nd PRIOR YEAR _____

(b)

SUMMARY OF PERSONNEL (attach Supplementary sheet if insufficient space)

PROPRIETORS, PARTNERS, EXECUTIVE OFFICERS AND EMPLOYEES

| NAME IN FULL (no initials please) | BIRTH DATE | | | DRIVER'S LICENCE NUMBER | ACCIDENTS LAST 3 YRS. | CONVICTIONS LAST 3 YRS. | DATE EMPL. | | | POSITION |
|--------------------------------------|------------|---|---|-------------------------|-----------------------|-------------------------|------------|---|---|----------|
| | D | M | Y | | | | D | M | Y | |
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6. OTHER DRIVERS (NOT EMPLOYEES)

| NAME | BIRTH DATE | | | RESIDENCE ADDRESS | DRIVER'S LICENCE NUMBER | RELATIONSHIP |
|------|------------|---|---|-------------------|-------------------------|--------------|
| | D | M | Y | | | |
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7. DOES APPLICANT PICK UP OR DELIVER CUSTOMER'S AUTOMOBILES?

NO

YES - IF "YES",

PROVIDE DETAILS (i.e. Numbers & Radius): _____

8. DO SALESMEN ALWAYS ACCOMPANY CUSTOMER'S WHO ARE TEST DRIVING AUTOMOBILES?

YES

NO

IF "NO" DESCRIBE OTHER PRECAUTIONS TAKEN (i.e. Driver's Licence Checked & Recorded): _____

9. DOES APPLICANT DISPENSE PROPANE, DO PROPANE CONVERSIONS, OR REPAIR OR MAINTAIN PROPANE FUEL SYSTEMS?

NO

YES

- IF "YES", GIVE DETAILS: _____

10. MOTOR VEHICLE ABSTRACTS ARE THEY OBTAINED FOR ALL NEW EMPLOYEE DRIVERS?

NO

YES - IF "YES" DESCRIBE

HOW OFTEN UPDATED? _____

11. WHERE AND HOW ARE VEHICLES (HELD FOR SALE) OBTAINED? _____

12. (a) DOES APPLICANT HAVE WRITTEN RULES REGARDING USE OF COMPANY OWNED AUTOMOBILES?

NO YES -IF "YES", ATTACH A COPY IF "NO", EXPLAIN

(b) IS DEMONSTRATOR USE RESTRICTED TO EMPLOYEE ONLY? NO YES
 INCLUDING SPOUSE? NO YES INCLUDING CHILDREN? NO YES
 OTHERS _____

(c) VACATION USE PERMITTED? NO YES

(d) DRIVER RESPONSIBLE FOR DEDUCTIBLES? NO YES

13. LOSSES - DAMAGE TO OR BY OWNED AUTOMOBILES IN THE PAST 3 YEARS

| DATE | TYPE OF LOSS | AMOUNT PAID OR O.S INCLUDING EXPENSES | DESCRIPTION |
|------|--------------|---------------------------------------|-------------|
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LOSSES - DAMAGE TO CUSTOMER'S AUTOMOBILES IN THE CARE, CUSTODY OR CONTROL OF THE APPLICANT

| DATE | TYPE OF LOSS | AMOUNT PAID OR O.S INCLUDING EXPENSES | DESCRIPTION |
|------|--------------|---------------------------------------|-------------|
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14. SUMMARY OF ALL VEHICLES OWNED AND OPERATED BY APPLICANT - EXCLUDING THOSE FOR SALE (ATTACH SCHEDULE)

| YEAR | MAKE AND MODEL | BODY TYPE | VALUE NEW | GVW | USE | DRIVEN BY |
|------|----------------|-----------|-----------|-----|-----|-----------|
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15. BROKER'S REPORT

i Details of previous Insurance Co.

(a) Name _____

(b) Policy # _____

(c) Expiry Date _____

iv (a) How long have you known the applicant? _____

(b) Is the business new to your office? _____

v Any other business carried on at this location, or sale of goods other than automobiles, their equipment and accessories:

ii How long has the applicant been in business?

iii How long has he operated at present location?

Signature of Broker