



## Application For Own Damage Coverage

The applicant hereby applies under the Insurance (Vehicle) Act and Insurance (Vehicle) Regulation to the Corporation for optional own damage coverage.

If a policy is issued, it will be on the basis of the information contained in this application, and the application will form part of the policy.

**Instructions to Customer:** please complete this form and take it to your Autoplan broker who will submit it to ICBC on your behalf.

### Complete the following for all applications:

APPLICANT'S SURNAME OR COMPANY NAME (if leased vehicle, name of lessee)		GIVEN NAME		DRIVER'S LICENCE NUMBER	
B.C. RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER				
APPLICANT'S FULL MAILING ADDRESS		STREET	CITY	PROV	POSTAL CODE
SECOND APPLICANT'S SURNAME OR COMPANY NAME (if leased vehicle, name of second lessee)		GIVEN NAME		DRIVER'S LICENCE NUMBER	
B.C. RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER				
IF LEASED VEHICLE, NAME OF LESSOR		DRIVER'S LICENCE NUMBER			
PHONE NUMBER					
LESSOR'S FULL MAILING ADDRESS		STREET	CITY	PROV	POSTAL CODE

### Vehicle to be insured

YEAR	MAKE	MODEL	BODY STYLE	DECLARED VALUE (including taxes) \$	
LICENCE PLATE NUMBER (if licensed)	REGISTRATION NUMBER		VIN		
IS EXISTING INSURANCE AND A VEHICLE LICENCE BEING TRANSFERRED TO THIS VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		EXISTING LICENCE PLATE NUMBER			
WILL VEHICLE BE ON A FLEET? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, FLEET NUMBER	FLEET EXPIRY DATE	AEB <input type="checkbox"/> YES <input type="checkbox"/> NO	LOW-KM DISCOUNT <input type="checkbox"/> YES <input type="checkbox"/> NO	ANTI-THEFT DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO

### Primary Vehicle Operator (person who will operate the vehicle the most during the policy term)

PRIMARY VEHICLE OPERATOR'S SURNAME	GIVEN NAME(S)	DRIVER'S LICENCE NUMBER & JURISDICTION
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### The applicant must list all other persons who may operate the vehicle (attach separate sheet if necessary)

NAME	DRIVER'S LICENCE NUMBER & JURISDICTION	BIRTHDATE IF NO BCDL (ddmmyyyy)	B.C. RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	DRIVER'S LICENCE NUMBER & JURISDICTION	BIRTHDATE IF NO BCDL (ddmmyyyy)	B.C. RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	DRIVER'S LICENCE NUMBER & JURISDICTION	BIRTHDATE IF NO BCDL (ddmmyyyy)	B.C. RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO

- Any policy issued pursuant to this application will not provide coverage, other than coverage in the event of theft, if the vehicle is operated by any person (including a household member) who is not
  - listed on this application,
  - approved by the Corporation, and
  - listed as a driver in the Special Terms and Conditions which form part of the policy.
- Note that there is no coverage in the event of theft of the vehicle by an employee or a member of the household of the applicant, whether or not the person is listed as an approved driver.

Insurance

Intended use (e.g. to and from work, business, pleasure use only, storage, etc.):

Term(s) requested: \_\_\_\_\_

Coverages requested: ☐ Collision ☐ Comprehensive ☐ Specified Perils ☐ RoadStar

Current odometer reading: \_\_\_\_\_

Estimated number of kilometers to be driven during policy term: \_\_\_\_\_

Primary location of vehicle when not in use

FULL ADDRESS	STREET	CITY	PROV	POSTAL CODE
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TYPE OF CONSTRUCTION: ☐ CONCRETE ☐ METAL ☐ WOOD FRAME ☐ OTHER – DESCRIBE:

Please attach photo of garage/parking spot.

Check all that apply:  
☐ open lot ☐ locked ☐ fire alarm  
☐ fenced ☐ premises security alarm ☐ sprinklers  
☐ fully enclosed ☐ patrolled ☐ lighted

WILL THE VEHICLE BE OPERATED OUTSIDE OF BC ANYTIME DURING THE POLICY TERM? ☐ YES – IF YES DESCRIBE: ☐ NO

Under section 75 of the Insurance (Vehicle) Act, your claim is invalid if at any time you fail to provide complete and accurate information, violate a term or condition of your policy or commit fraud. This is a summary. For full information, see section 75 of the Insurance (Vehicle) Act.

By signing this form, you certify the information contained in this application is correct and authorize the Corporation to conduct further investigation in relation to this application.

Application must be signed to obtain a quote.

SIGNATURE OF APPLICANT (if a company, the signature of an authorized officer is required)	POSITION HELD (if a company)	DATE
SIGNATURE OF SECOND APPLICANT (if a company, the signature of an authorized officer is required)	POSITION HELD (if a company)	DATE

To be completed by Broker Please complete all broker contact information and submit the application to ICBC as outlined in the Autoplan Manual, or mail to ICBC Underwriting Services Department (L194300), 151 W Esplanade, North Vancouver, BC V7M 3H9.

AGENCY NAME	BROKER ID NUMBER	BROKER FAX NUMBER
BROKER CONTACT NAME	BROKER CONTACT EMAIL ADDRESS	BROKER PHONE NUMBER