



# Application for Truck Products

Offered by NAL Insurance Inc.

POLICY # \_\_\_\_\_  
(for internal use only)

TIME BINDING DD/MM/YYYY HH/MM  AM  PM

## SECTION 1 : PROVIDE GENERAL INFORMATION

NAME	FIRST	LAST	DATE OF BIRTH	DD/MM/YYYY	AGE:
ADDRESS	STREET	CITY/TOWN	PROVINCE	POSTAL CODE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PHONE	CELL	EMAIL			

\*If this application is for multiple vehicles, please attach a vehicle listing.

## SECTION 2 : TRUCK/TRAILER INFORMATION\*

YEAR	MAKE	MODEL
VIN	PRIMARY INSURER	

Have you had any at fault accidents in the past 5 years?  YES  NO CURRENT DEDUCTIBLE \$

\*\*All Product Options include Driver Protection Coverage.

## SECTION 3 : PRODUCT OPTIONS\*\*

**A) Deductible Buydown:** ..... Deductible Buydown Subtotal: \$ \_\_\_\_\_  
(based off Current Deductible)

Amount: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Infill? .....  YES  NO Mechanical Reefer Coverage? .....  YES  NO

**B) Accident Downtime:** ..... Accident Downtime Subtotal: \$ \_\_\_\_\_  
(max. \$1,000/wk.)

Amount: \$ \_\_\_\_\_ / 100 X \$6.00

Add Mechanical Downtime Coverage? .....  YES  NO

**C) Write-Off Protection:** ..... Write-Off Protection Subtotal: \$ \_\_\_\_\_  
(max. \$30,000)

Amount: \$ \_\_\_\_\_ / 1,000 X \$2.50

**Monthly Price: \$** \_\_\_\_\_

Deductible Buydown and Write-Off Protection may not be purchased together at any time. (includes all taxes)

## SECTION 4 : PRE-AUTHORIZED DEBIT OR CREDIT CARD PAYMENT

*For pre-authorized debit, please complete the attached PAC form and attach a void cheque with your application.*

METHOD OF PAYMENT:	<input type="checkbox"/> CHEQUING ACCOUNT	<input type="checkbox"/> CREDIT CARD	PREFERRED DATE OF PAYMENTS (1st - 28th):
NAME OF BANK	INSTITUTION# (3 digits)		PAYMENT DATE:
TRANSIT# (5 digits)	CREDIT CARD#		ACCOUNT#
CREDIT CARD#	EXP:	SIGNATURE	

## SECTION 5 : AGREEMENT & GENERAL TERMS

The application will form part of any insurance contract issued. The contract will be of utmost good faith, based upon the information contained on the application. You are responsible for the accuracy of the information. Before signing, please verify that all of the information is complete and accurate. Inaccurate information may affect your eligibility for coverage and/or benefits. I have read the above and declare that my information has been correctly recorded and to the best of my knowledge are true and complete and shall for part of the policy applied for.

NAL Insurance Inc. (NAL) and its duly authorized agents and brokers adhere to the Personal Information Protection and Electronic Documents Act (Canada) (PIPEDA) and any other applicable privacy legislation of your province or territory. Your personal information will be used only for the purposes we have identified and will be conveyed only to the applicable department, authorized agency or servicing bureau for servicing. All such information will be safeguarded in accordance with applicable legislation. You have the right to request access to your personal information to verify its accuracy and completeness and to request amendments. Please submit your request in writing to the Privacy Officer, NAL Insurance Inc., P.O. Box 2880, London, Ontario, N6A 4H9.

NAL may use your personal information to determine other insurance products and services that may meet your needs and to offer them to you. If you do not want your information to be used for any of these future offerings, check here  or you can write to us at NAL Insurance Inc., P.O. Box 2880, London, Ontario, N6A 4H9.

Coverage will be effective on the Time Binding Date specified on the application when payment is submitted with the application. Coverage will not be effective if the payment is not honored on presentation. Our Guarantee: If within 30 days of signing you feel your policy does not meet your lifestyle protection needs, return it to NAL Insurance Inc. and we will refund your premiums.

By signing below, I agree that I have read and understand page 2 of this Application - Insurance Agreement, Terms & Conditions, and I acknowledge I will receive of a copy of the Policy package for this insurance via regular mail. I understand that all provisions of each plan are contained in the applicable plan contract.

Date Signed at Print Name Signature

Date Agent # Agent Name Agent Signature