



# Property & Casualty Insurance PRICE REPORT - (B)

## PRIVATE PASSENGER AUTO - ONTARIO February-15-11

### Purpose of this survey

The data collected in this survey will be used to produce indexes that measure the changes in the prices of **Property & Casualty Insurance**. Insurers could use these indexes to compare their performance to that of the insurance industry as a whole, while Statistics Canada will use these indexes to estimate inflation adjusted growth and productivity of this sector of the economy.

### Confidentiality

Statistics Canada is prohibited by law from publishing any statistics which would divulge information relating to your business without your prior written consent. The data reported by your business will be treated in strict confidence and used only for statistical purposes. **Only aggregate industry indexes for P&C insurance and the insurance class (nationally and by region/province) may be published.** The confidentiality provisions of the *Statistics Act* are not affected by the *Access to Information Act* or by any other legislation.

PA0018		C0010
Please make any necessary address changes below.		
C0001 Legal Name		
C0002 Business Name		
C0008 First Name	C0028 Last Name	
C0004 Address		C0005 City
C0006 Province/ State	C0007 Postal Code/Zip Code	C0053 Country

SQC/PRI-415-75427



### CONFIDENTIAL when completed

Collected under the authority of the *Statistics Act*, Revised Statutes of Canada, 1985, Chapter S19.

Si vous préférez recevoir ce questionnaire en français veuillez composer le (613) 951-7459.

### Your participation is important

Your participation is essential to ensuring that the information collected in this survey is accurate and comprehensive. Completion of this questionnaire is a legal requirement under the *Statistics Act*.

### Fax or Other Electronic Transmission Disclosure

Statistics Canada advises you that there could be a risk of disclosure during the facsimile or other electronic transmission. However, upon receipt, Statistics Canada will provide the guaranteed level of protection afforded to all information collected under the authority of the *Statistics Act*.

### Return Procedures... Need Help?

Please complete and return this questionnaire to Statistics Canada **within 15 days** of receipt by mail:

**Statistics Canada**  
Prices Division, Services Price Indexes  
ATTN:  
Jean Talon Building, 10th Floor, D5  
170 Tunney's Pasture Driveway  
Ottawa, ON K1A 0T6

If you require assistance in completing this survey or expect a delay, please contact:

**Erik Pille**  
Telephone: (613) 951-  
Fax: (613) 951-  
E-mail:

Or call our Client Services Unit toll free at **1-866-230-2248**.

### Initial Policy Selection

Initially, you were asked to provide copies of **three to five** private passenger automobile insurance policies, which generate most of your private passenger auto premiums in Ontario and which you consider to be more typical of your business in the province in terms of the following policy characteristics:

- **Rating Territories**
- **Rating Class & Driving Record combinations**
- **Vehicle Codes & Model Year**
- **Coverages & Endorsements with pertinent Limits & Deductibles**
- **Discounts & Surcharges**

Please note the following:

- 1 Each policy could be a duplicate of an actual policy sold (with a fictitious name for confidentiality) or a fictitious policy with all typical coverages, deductibles, discounts, and endorsements applied.
- 2 Each actual policy must be a renewal. A fictitious policy should be quoted as a renewal.
- 3 If you select actual policies, Statistics Canada will accept any effective date with rates in effect on the pricing date above. If you create fictitious policies, please quote renewal prices at rates in effect as of the pricing date.

### Monthly Pricing:

You have chosen to complete the monthly Policy Description and Pricing Tables based on renewal rates in effect on the 15th of each month. The purpose of the monthly pricing is to collect information about price changes of the same rating variables over time. In order for Statistics Canada to be able to produce accurate indexes for P&C insurance and the insurance class, it is imperative that we price premiums using the same rating variables.

Please contact us if you would like to:

- 1 Add more private passenger automobile insurance policies.
- 2 Reduce the monthly burden by providing us with a copy of the relevant rate manual and subsequent updates. Statistics Canada will refer to your rate manual to price the total premium of each policy.

**Note:** No data from the policies or the rate manual will be published or disclosed to any third party, and will be used for statistical purposes to produce **only aggregate indexes** for the P&C insurance industry and the insurance class.

### Return Procedures

#### Mailing Address:

Statistics Canada  
Prices Division, Services Price Indexes  
**ATTN:**  
Jean Talon Building, 10th Floor, D5  
170 Tunney's Pasture Driveway  
Ottawa, ON K1A 0T6

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Statistics Canada - Prices Division

**Property & Casualty Insurance  
PRICE REPORT - (B)**

**PRIVATE PASSENGER AUTO - ONTARIO  
February-15-11**

**CONFIDENTIAL when completed**

Collected under the authority of the *Statistics Act*, Revised Statutes of Canada, 1985, Chapter S19.

Si vous préférez recevoir ce questionnaire en français veuillez composer le (613) 951-7459.

Please see the title page (PR - 1) of this Price Report for additional information and return procedures.

# POLICY DESCRIPTION AND PRICING TABLES

Please indicate the total number of policies priced: \_\_\_\_\_.

This is a set of tables for the initially selected policies. If you decide that your business would be better represented by more insurance policies, please feel free to make photocopies of the blank set of Policy Description and Pricing Tables or contact us for additional sets.

PA0018		C0010
Please make any necessary address changes below.		
C0001 Legal Name		
C0002 Business Name		
C0008 First Name	C0028 Last Name	
C0004 Address		C0005 City
C0006 Province/ State	C0007 Postal Code/Zip Code	C0053 Country

SQC/PRI-415-75427

If you require assistance in completing these tables, please contact:

**Erik Pille**  
**Telephone: (613) 951-**  
**Fax: (613) 951-**  
**E-mail:**

Or call our Client Services Unit toll free at **1-866-230-2248**.



Statistics Canada / Statistique Canada

Private Passenger Automobile Insurance



Monthly Pricing

Canada

P&C Insurance Price Report - Page TA-1

The following Policy Description tables should contain the information provided by your initial policy selection. If you have not previously requested pre-filled tables, but would like to, please see the last page of the questionnaire to make your selection. Once these Policy Description tables are completed, please proceed to the Policy Pricing table on the following page.

Policy Information		
Policy Reference Number:	C2001	
Effective Date:	C2002	
Expiry Date:	C2003	
Policy Period:	C2004	
Policyholder's City:	C2005	
Policyholder's Postal Code:	C2006	

Rating Information		
Rating Class	C2110	
Driving Record	C2111	
Statistical Territory Code	C2112	
Company Territory Code	C2113	
Vehicle Rate Groups	AB	C2114
	DCPD/Coll/AP	C2115
	Comp/SP	C2116
C2117	1	C2118
C2119	2	C2120
C2121	3	C2122
C2123	4	C2124
C2125	5	C2126
C2127	6	C2128

Driver Information		
Age	C2210	
Gender	C2211	
Marital Status	C2212	
Years Licensed	C2213	
Type of License	C2214	
Years Claim Free	C2215	
Years free at-fault accidents	C2216	
Driver Training (Y/N)	C2217	
C2218	1	C2219
C2220	2	C2221
C2222	3	C2223
C2224	4	C2225
C2226	5	C2227

Vehicle Information		
Year	C2310	
Make	C2311	
Model	C2312	
Body Type	C2313	
Vehicle Code	C2314	
List Price New	C2315	
Airbag	C2316	
Anti-Theft Device	C2317	
Vehicle Use	C2318	<input type="checkbox"/> Pleasure Only
	C2319	<input type="checkbox"/> Commute
	C2320	<input type="checkbox"/> Business
Daily Commute (1 way)	C2321	km
Annual Mileage	C2322	km
C2323	1	C2324
C2325	2	C2326
C2327	3	C2328
C2329	4	C2330
C2331	5	C2332
C2333	6	C2334
C2335	7	C2336

Applicable Discounts		
C2410	1	C2411 %
C2412	2	C2413 %
C2414	3	C2415 %
C2416	4	C2417 %
C2418	5	C2419 %

Applicable Surcharges		
C2510	1	C2511 %
C2512	2	C2513 %
C2514	3	C2515 %
C2516	4	C2517 %
C2518	5	C2519 %

Policy # 1.

Policy Pricing Table

Monthly Pricing Date:

February-15-11

Note that the premium should reflect renewal rates in effect on the pricing date provided.

Please enter amounts in whole dollars or dollars and cents and apply any rounding rules in accordance with your rate manual. The grey area on the left should contain the previous months pricing data. Please see sample pages for an example of policies with and without rate changes.

Have there been any applicable rate changes since last re-price date?	C3010	<input type="checkbox"/> YES
	C3020	<input type="checkbox"/> NO

Coverage	Limit / Deductible	January-15-11					February-15-11				
		Base Premium	Discount / Surcharge	Total	Base Premium	Discount / Surcharge	Total				
<b>Third Party Liability (total for BI+PD)</b>											
<input type="checkbox"/> Bodily Injury	1,000,000										
<input type="checkbox"/> Property Damage	1,000,000										
<b>Accident Benefits</b>											
<b>Optional Increased Accident Benefits:</b>											
<input type="checkbox"/> Income Replacement											
<input type="checkbox"/> Caregiver & Dependent Care											
<input type="checkbox"/> Medical Rehabilitation											
<input type="checkbox"/> Death & Funeral											
<input type="checkbox"/> Indexation Benefit											
<b>Uninsured Automobile</b>											
<b>Direct Compensation Property Damage</b>	0										
<b>Collision</b>	500										
<b>Comprehensive</b>	300										
<b>Specified Perils</b>											
<b>All Perils</b>											
<b>Endorsements (please specify):</b>											
C3026	1. Family Protection OPCF # 44	1,000,000									
C3027	2.										
C3028	3.										
C3029	4.										
C3030	5.										
C3031	6.										
<b>Total Premium</b>											

**COMMENTS** C3050

Please enter here any comments regarding this policy pricing.

Please proceed to the Policy Description tables for the next policy on the following page.

The following Policy Description tables should contain the information provided by your initial policy selection. If you have not previously requested pre-filled tables, but would like to, please see the last page of the questionnaire to make your selection. Once these Policy Description tables are completed, please proceed to the Policy Pricing table on the following page.

Policy Information		
Policy Reference Number:	C2001	
Effective Date:	C2002	
Expiry Date:	C2003	
Policy Period:	C2004	
Policyholder's City:	C2005	
Policyholder's Postal Code:	C2006	

Rating Information		
Rating Class	C2110	
Driving Record	C2111	
Statistical Territory Code	C2112	
Company Territory Code	C2113	
Vehicle Rate Groups	AB	C2114
	DCPD/Coll/AP	C2115
	Comp/SP	C2116
C2117	1	C2118
C2119	2	C2120
C2121	3	C2122
C2123	4	C2124
C2125	5	C2126
C2127	6	C2128

Driver Information		
Age	C2210	
Gender	C2211	
Marital Status	C2212	
Years Licensed	C2213	
Type of License	C2214	
Years Claim Free	C2215	
Years free at-fault accidents	C2216	
Driver Training (Y/N)	C2217	
C2218	1	C2219
C2220	2	C2221
C2222	3	C2223
C2224	4	C2225
C2226	5	C2227

Vehicle Information		
Year	C2310	
Make	C2311	
Model	C2312	
Body Type	C2313	
Vehicle Code	C2314	
List Price New	C2315	
Airbag	C2316	
Anti-Theft Device	C2317	
Vehicle Use	C2318	<input type="checkbox"/> Pleasure Only
	C2319	<input type="checkbox"/> Commute
	C2320	<input type="checkbox"/> Business
Daily Commute (1 way)	C2321	km
Annual Mileage	C2322	km
C2323	1	C2324
C2325	2	C2326
C2327	3	C2328
C2329	4	C2330
C2331	5	C2332
C2333	6	C2334
C2335	7	C2336

Applicable Discounts		
C2410	1	C2411 %
C2412	2	C2413 %
C2414	3	C2415 %
C2416	4	C2417 %
C2418	5	C2419 %

Applicable Surcharges		
C2510	1	C2511 %
C2512	2	C2513 %
C2514	3	C2515 %
C2516	4	C2517 %
C2518	5	C2519 %

Note that the premium should reflect renewal rates in effect on the pricing date provided.

Please enter amounts in whole dollars or dollars and cents and apply any rounding rules in accordance with your rate manual. The grey area on the left should contain the previous months pricing data. Please see sample pages for an example of policies with and without rate changes.

Have there been any applicable rate changes since last re-price date?	C3010	<input type="checkbox"/> YES
	C3020	<input type="checkbox"/> NO

Coverage	Limit / Deductible	January-15-11					February-15-11				
		Base Premium	Discount / Surcharge	Total	Base Premium	Discount / Surcharge	Total				
<b>Third Party Liability</b> (total for BI+PD)		C3110	C3210	C3310	C3410	C3510	C3610	C3710			
<input type="checkbox"/> Bodily Injury	1,000,000	C3111	C3211	C3311	C3411	C3511	C3611	C3711			
<input type="checkbox"/> Property Damage	1,000,000	C3112	C3212	C3312	C3412	C3512	C3612	C3712			
<b>Accident Benefits</b>		C3113	C3213	C3313	C3413	C3513	C3613	C3713			
<b>Optional Increased Accident Benefits:</b>		C3114	C3214	C3314	C3414	C3514	C3614	C3714			
<input type="checkbox"/> Income Replacement		C3115	C3215	C3315	C3415	C3515	C3615	C3715			
<input type="checkbox"/> Caregiver & Dependent Care		C3116	C3216	C3316	C3416	C3516	C3616	C3716			
<input type="checkbox"/> Medical Rehabilitation		C3117	C3217	C3317	C3417	C3517	C3617	C3717			
<input type="checkbox"/> Death & Funeral		C3118	C3218	C3318	C3418	C3518	C3618	C3718			
<input type="checkbox"/> Indexation Benefit		C3119	C3219	C3319	C3419	C3519	C3619	C3719			
<b>Uninsured Automobile</b>		C3120	C3220	C3320	C3420	C3520	C3620	C3720			
<b>Direct Compensation Property Damage</b>	0	C3121	C3221	C3321	C3421	C3521	C3621	C3721			
<b>Collision</b>	1,000	C3122	C3222	C3322	C3422	C3522	C3622	C3722			
<b>Comprehensive</b>	500	C3123	C3223	C3323	C3423	C3523	C3623	C3723			
<b>Specified Perils</b>		C3124	C3224	C3324	C3424	C3524	C3624	C3724			
<b>All Perils</b>		C3125	C3225	C3325	C3425	C3525	C3625	C3725			
<b>Endorsements</b> (please specify):											
C3026	1. Family Protection OPCF # 44	C3126	C3226	C3326	C3426	C3526	C3626	C3726			
C3027	2.	C3127	C3227	C3327	C3427	C3527	C3627	C3727			
C3028	3.	C3128	C3228	C3328	C3428	C3528	C3628	C3728			
C3029	4.	C3129	C3229	C3329	C3429	C3529	C3629	C3729			
C3030	5.	C3130	C3230	C3330	C3430	C3530	C3630	C3730			
C3031	6.	C3131	C3231	C3331	C3431	C3531	C3631	C3731			
<b>Total Premium</b>			C3232	C3332	C3432	C3532	C3632	C3732			

**COMMENTS** C3050

Please enter here any comments regarding this policy pricing.

Please proceed to the Policy Description tables for the next policy on the following page.

The following Policy Description tables should contain the information provided by your initial policy selection. If you have not previously requested pre-filled tables, but would like to, please see the last page of the questionnaire to make your selection. Once these Policy Description tables are completed, please proceed to the Policy Pricing table on the following page.

Policy Information		
Policy Reference Number:	C2001	
Effective Date:	C2002	
Expiry Date:	C2003	
Policy Period:	C2004	
Policyholder's City:	C2005	
Policyholder's Postal Code:	C2006	

Rating Information		
Rating Class	C2110	
Driving Record	C2111	
Statistical Territory Code	C2112	
Company Territory Code	C2113	
Vehicle Rate Groups	AB	C2114
	DCPD/Coll/AP	C2115
	Comp/SP	C2116
C2117	1	C2118
C2119	2	C2120
C2121	3	C2122
C2123	4	C2124
C2125	5	C2126
C2127	6	C2128

Driver Information		
Age	C2210	
Gender	C2211	
Marital Status	C2212	
Years Licensed	C2213	
Type of License	C2214	
Years Claim Free	C2215	
Years free at-fault accidents	C2216	
Driver Training (Y/N)	C2217	
C2218	1	C2219
C2220	2	C2221
C2222	3	C2223
C2224	4	C2225
C2226	5	C2227

Vehicle Information		
Year	C2310	
Make	C2311	
Model	C2312	
Body Type	C2313	
Vehicle Code	C2314	
List Price New	C2315	
Airbag	C2316	
Anti-Theft Device	C2317	
Vehicle Use	C2318	<input type="checkbox"/> Pleasure Only
	C2319	<input type="checkbox"/> Commute
	C2320	<input type="checkbox"/> Business
Daily Commute (1 way)	C2321	km
Annual Mileage	C2322	km
C2323	1	C2324
C2325	2	C2326
C2327	3	C2328
C2329	4	C2330
C2331	5	C2332
C2333	6	C2334
C2335	7	C2336

Applicable Discounts		
C2410	1	C2411 %
C2412	2	C2413 %
C2414	3	C2415 %
C2416	4	C2417 %
C2418	5	C2419 %

Applicable Surcharges		
C2510	1	C2511 %
C2512	2	C2513 %
C2514	3	C2515 %
C2516	4	C2517 %
C2518	5	C2519 %



Note that the premium should reflect renewal rates in effect on the pricing date provided.

Please enter amounts in whole dollars or dollars and cents and apply any rounding rules in accordance with your rate manual. The grey area on the left should contain the previous months pricing data. Please see sample pages for an example of policies with and without rate changes.

Have there been any applicable rate changes since last re-price date?	C3010	<input type="checkbox"/> YES
	C3020	<input type="checkbox"/> NO

Coverage	Limit / Deductible	January-15-11					February-15-11				
		Base Premium	Discount / Surcharge	Total	Base Premium	Discount / Surcharge	Total				
<b>Third Party Liability (total for BI+PD)</b>											
<input type="checkbox"/> Bodily Injury	1,000,000										
<input type="checkbox"/> Property Damage	1,000,000										
<b>Accident Benefits</b>											
<b>Optional Increased Accident Benefits:</b>											
<input type="checkbox"/> Income Replacement											
<input type="checkbox"/> Caregiver & Dependent Care											
<input type="checkbox"/> Medical Rehabilitation											
<input type="checkbox"/> Death & Funeral											
<input type="checkbox"/> Indexation Benefit											
<b>Uninsured Automobile</b>											
<b>Direct Compensation Property Damage</b>	0										
<b>Collision</b>	500										
<b>Comprehensive</b>	100										
<b>Specified Perils</b>											
<b>All Perils</b>											
<b>Endorsements (please specify):</b>											
C3026	1. Family Protection OPCF # 44	1,000,000									
C3027	2.										
C3028	3.										
C3029	4.										
C3030	5.										
C3031	6.										
<b>Total Premium</b>											

**COMMENTS** C3050

Please enter here any comments regarding this policy pricing.

Please proceed to the Policy Description tables for the next policy on the following page.

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Expiry Date:	C2003	
Policy Period:	C2004	
Policyholder's City:	C2005	
Policyholder's Postal Code:	C2006	

Rating Information		
Rating Class	C2110	
Driving Record	C2111	
Statistical Territory Code	C2112	
Company Territory Code	C2113	
Vehicle Rate Groups	AB	C2114
	DCPD/Coll/AP	C2115
	Comp/SP	C2116
C2117	1	C2118
C2119	2	C2120
C2121	3	C2122
C2123	4	C2124
C2125	5	C2126
C2127	6	C2128

Driver Information		
Age	C2210	
Gender	C2211	
Marital Status	C2212	
Years Licensed	C2213	
Type of License	C2214	
Years Claim Free	C2215	
Years free at-fault accidents	C2216	
Driver Training (Y/N)	C2217	
C2218	1	C2219
C2220	2	C2221
C2222	3	C2223
C2224	4	C2225
C2226	5	C2227

Vehicle Information		
Year	C2310	
Make	C2311	
Model	C2312	
Body Type	C2313	
Vehicle Code	C2314	
List Price New	C2315	
Airbag	C2316	
Anti-Theft Device	C2317	
Vehicle Use	C2318	<input type="checkbox"/> Pleasure Only
	C2319	<input type="checkbox"/> Commute
	C2320	<input type="checkbox"/> Business
Daily Commute (1 way)	C2321	km
Annual Mileage	C2322	km
C2323	1	C2324
C2325	2	C2326
C2327	3	C2328
C2329	4	C2330
C2331	5	C2332
C2333	6	C2334
C2335	7	C2336

Applicable Discounts		
C2410	1	C2411 %
C2412	2	C2413 %
C2414	3	C2415 %
C2416	4	C2417 %
C2418	5	C2419 %

Applicable Surcharges		
C2510	1	C2511 %
C2512	2	C2513 %
C2514	3	C2515 %
C2516	4	C2517 %
C2518	5	C2519 %

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Have there been any applicable rate changes since last re-price date?	C3010	<input type="checkbox"/> YES
	C3020	<input type="checkbox"/> NO

Coverage	Limit / Deductible	January-15-11					February-15-11				
		Base Premium	Discount / Surcharge	Total	Base Premium	Discount / Surcharge	Total				
<b>Third Party Liability (total for BI+PD)</b>											
<input type="checkbox"/> Bodily Injury	1,000,000										
<input type="checkbox"/> Property Damage	1,000,000										
<b>Accident Benefits</b>											
<b>Optional Increased Accident Benefits:</b>											
<input type="checkbox"/> Income Replacement											
<input type="checkbox"/> Caregiver & Dependent Care											
<input type="checkbox"/> Medical Rehabilitation											
<input type="checkbox"/> Death & Funeral											
<input type="checkbox"/> Indexation Benefit											
<b>Uninsured Automobile</b>											
<b>Direct Compensation Property Damage</b>	0										
<b>Collision</b>	500										
<b>Comprehensive</b>	250										
<b>Specified Perils</b>											
<b>All Perils</b>											
<b>Endorsements (please specify):</b>											
C3026	1. Family Protection OPCF # 44	1,000,000									
C3027	2.										
C3028	3.										
C3029	4.										
C3030	5.										
C3031	6.										
<b>Total Premium</b>											

**COMMENTS** C3050

Please enter here any comments regarding this policy pricing.

Please proceed to the Policy Description tables for the next policy on the following page.

The following Policy Description tables should contain the information provided by your initial policy selection. If you have not previously requested pre-filled tables, but would like to, please see the last page of the questionnaire to make your selection. Once these Policy Description tables are completed, please proceed to the Policy Pricing table on the following page.

Policy Information		
Policy Reference Number:	C2001	
Effective Date:	C2002	
Expiry Date:	C2003	
Policy Period:	C2004	
Policyholder's City:	C2005	
Policyholder's Postal Code:	C2006	

Rating Information		
Rating Class	C2110	
Driving Record	C2111	
Statistical Territory Code	C2112	
Company Territory Code	C2113	
Vehicle Rate Groups	AB	C2114
	DCPD/Coll/AP	C2115
	Comp/SP	C2116
C2117	1	C2118
C2119	2	C2120
C2121	3	C2122
C2123	4	C2124
C2125	5	C2126
C2127	6	C2128

Driver Information		
Age	C2210	
Gender	C2211	
Marital Status	C2212	
Years Licensed	C2213	
Type of License	C2214	
Years Claim Free	C2215	
Years free at-fault accidents	C2216	
Driver Training (Y/N)	C2217	
C2218	1	C2219
C2220	2	C2221
C2222	3	C2223
C2224	4	C2225
C2226	5	C2227

Vehicle Information		
Year	C2310	
Make	C2311	
Model	C2312	
Body Type	C2313	
Vehicle Code	C2314	
List Price New	C2315	
Airbag	C2316	
Anti-Theft Device	C2317	
Vehicle Use	C2318	<input type="checkbox"/> Pleasure Only
	C2319	<input type="checkbox"/> Commute
	C2320	<input type="checkbox"/> Business
Daily Commute (1 way)	C2321	km
Annual Mileage	C2322	km
C2323	1	C2324
C2325	2	C2326
C2327	3	C2328
C2329	4	C2330
C2331	5	C2332
C2333	6	C2334
C2335	7	C2336

Applicable Discounts		
C2410	1	C2411 %
C2412	2	C2413 %
C2414	3	C2415 %
C2416	4	C2417 %
C2418	5	C2419 %

Applicable Surcharges		
C2510	1	C2511 %
C2512	2	C2513 %
C2514	3	C2515 %
C2516	4	C2517 %
C2518	5	C2519 %

Note that the premium should reflect renewal rates in effect on the pricing date provided.

Please enter amounts in whole dollars or dollars and cents and apply any rounding rules in accordance with your rate manual. The grey area on the left should contain the previous months pricing data. Please see sample pages for an example of policies with and without rate changes.

Have there been any applicable rate changes since last re-price date?	C3010	<input type="checkbox"/> YES
	C3020	<input type="checkbox"/> NO

Coverage	Limit / Deductible	January-15-11					February-15-11				
		Base Premium	Discount / Surcharge	Total	Base Premium	Discount / Surcharge	Total				
<b>Third Party Liability</b> (total for BI+PD)		C3110	C3210	C3310	C3410	C3510	C3610	C3710			
<input type="checkbox"/> Bodily Injury	1,000,000	C3111	C3211	C3311	C3411	C3511	C3611	C3711			
<input type="checkbox"/> Property Damage	1,000,000	C3112	C3212	C3312	C3412	C3512	C3612	C3712			
<b>Accident Benefits</b>		C3113	C3213	C3313	C3413	C3513	C3613	C3713			
<b>Optional Increased Accident Benefits:</b>		C3114	C3214	C3314	C3414	C3514	C3614	C3714			
<input type="checkbox"/> Income Replacement		C3115	C3215	C3315	C3415	C3515	C3615	C3715			
<input type="checkbox"/> Caregiver & Dependent Care		C3116	C3216	C3316	C3416	C3516	C3616	C3716			
<input type="checkbox"/> Medical Rehabilitation		C3117	C3217	C3317	C3417	C3517	C3617	C3717			
<input type="checkbox"/> Death & Funeral		C3118	C3218	C3318	C3418	C3518	C3618	C3718			
<input type="checkbox"/> Indexation Benefit		C3119	C3219	C3319	C3419	C3519	C3619	C3719			
<b>Uninsured Automobile</b>		C3120	C3220	C3320	C3420	C3520	C3620	C3720			
<b>Direct Compensation Property Damage</b>	0	C3121	C3221	C3321	C3421	C3521	C3621	C3721			
<b>Collision</b>	500	C3122	C3222	C3322	C3422	C3522	C3622	C3722			
<b>Comprehensive</b>	100	C3123	C3223	C3323	C3423	C3523	C3623	C3723			
<b>Specified Perils</b>		C3124	C3224	C3324	C3424	C3524	C3624	C3724			
<b>All Perils</b>		C3125	C3225	C3325	C3425	C3525	C3625	C3725			
<b>Endorsements (please specify):</b>											
C3026	1. Family Protection OPCF # 44	C3126	C3226	C3326	C3426	C3526	C3626	C3726			
C3027	2.	C3127	C3227	C3327	C3427	C3527	C3627	C3727			
C3028	3.	C3128	C3228	C3328	C3428	C3528	C3628	C3728			
C3029	4.	C3129	C3229	C3329	C3429	C3529	C3629	C3729			
C3030	5.	C3130	C3230	C3330	C3430	C3530	C3630	C3730			
C3031	6.	C3131	C3231	C3331	C3431	C3531	C3631	C3731			
<b>Total Premium</b>			C3232	C3332	C3432	C3532	C3632	C3732			

**COMMENTS** C3050

Please enter here any comments regarding this policy pricing.

Please proceed to the Policy Description tables for the next policy on the following page.

If you wish to add more policies, please complete the following Policy Description tables, or attach a copy of the application for auto insurance. Any relevant information not listed may be included in the space provided. After completing these tables, please proceed to the Policy Pricing table on the following page.

Policy Information		
Policy Reference Number:	C2001	
Effective Date:	C2002	
Expiry Date:	C2003	
Policy Period:	C2004	
Policyholder's City:	C2005	
Policyholder's Postal Code:	C2006	

Rating Information		
Rating Class	C2110	
Driving Record	C2111	
Statistical Territory Code	C2112	
Company Territory Code	C2113	
Vehicle Rate Groups	AB	C2114
	DCPD/Coll/AP	C2115
	Comp/SP	C2116
C2117	1	C2118
C2119	2	C2120
C2121	3	C2122
C2123	4	C2124
C2125	5	C2126
C2127	6	C2128

Driver Information		
Age	C2210	
Gender	C2211	
Marital Status	C2212	
Years Licensed	C2213	
Type of License	C2214	
Years Claim Free	C2215	
Years free at-fault accidents	C2216	
Driver Training (Y/N)	C2217	
C2218	1	C2219
C2220	2	C2221
C2222	3	C2223
C2224	4	C2225
C2226	5	C2227

Vehicle Information		
Year	C2310	
Make	C2311	
Model	C2312	
Body Type	C2313	
Vehicle Code	C2314	
List Price New	C2315	
Airbag	C2316	
Anti-Theft Device	C2317	
Vehicle Use	C2318	<input type="checkbox"/> Pleasure Only
	C2319	<input type="checkbox"/> Commute
	C2320	<input type="checkbox"/> Business
Daily Commute (1 way)	C2321	km
Annual Mileage	C2322	km
C2323	1	C2324
C2325	2	C2326
C2327	3	C2328
C2329	4	C2330
C2331	5	C2332
C2333	6	C2334
C2335	7	C2336

Applicable Discounts			
C2410	1	C2411	%
C2412	2	C2413	%
C2414	3	C2415	%
C2416	4	C2417	%
C2418	5	C2419	%

Applicable Surcharges			
C2510	1	C2511	%
C2512	2	C2513	%
C2514	3	C2515	%
C2516	4	C2517	%
C2518	5	C2519	%

Note that the premium should reflect the rates in effect on the pricing date provided.

Please enter amounts in whole dollars or dollars and cents and apply any rounding rules in accordance with your rate manual.

								<b>September-15-09</b>			
<b>Coverage</b>		<b>Limit / Deductible</b>		<b>Base Premium</b>		<b>Discount / Surcharge</b>		<b>Base Premium</b>		<b>Discount / Surcharge</b>	<b>Total</b>
<b>Third Party Liability (total for BI+PD)</b>	C3110		C3210	C3310		C3410		C3510		C3610	C3710
<input type="checkbox"/> Bodily Injury	C3111		C3211	C3311		C3411		C3511		C3611	C3711
<input type="checkbox"/> Property Damage	C3112		C3212	C3312		C3412		C3512		C3612	C3712
<b>Accident Benefits</b>	C3113		C3213	C3313		C3413		C3513		C3613	C3713
<b>Optional Increased Accident Benefits:</b>	C3114		C3214	C3314		C3414		C3514		C3614	C3714
<input type="checkbox"/> Income Replacement	C3115		C3215	C3315		C3415		C3515		C3615	C3715
<input type="checkbox"/> Caregiver & Dependent Care	C3116		C3216	C3316		C3416		C3516		C3616	C3716
<input type="checkbox"/> Medical Rehabilitation	C3117		C3217	C3317		C3417		C3517		C3617	C3717
<input type="checkbox"/> Death & Funeral	C3118		C3218	C3318		C3418		C3518		C3618	C3718
<input type="checkbox"/> Indexation Benefit	C3119		C3219	C3319		C3419		C3519		C3619	C3719
<b>Uninsured Automobile</b>	C3120		C3220	C3320		C3420		C3520		C3620	C3720
<b>Direct Compensation Property Damage</b>	C3121		C3221	C3321		C3421		C3521		C3621	C3721
<b>Collision</b>	C3122		C3222	C3322		C3422		C3522		C3622	C3722
<b>Comprehensive</b>	C3123		C3223	C3323		C3423		C3523		C3623	C3723
<b>Specified Perils</b>	C3124		C3224	C3324		C3424		C3524		C3624	C3724
<b>All Perils</b>	C3125		C3225	C3325		C3425		C3525		C3625	C3725
<b>Endorsements (please specify):</b>											
C3026	<b>1 - Family Protection OPCF # 44</b>	C3126	C3226	C3326		C3426		C3526		C3626	C3726
C3027	<b>2 -</b>	C3127	C3227	C3327		C3427		C3527		C3627	C3727
C3028	<b>3 -</b>	C3128		C3328		C3428		C3528		C3628	C3728
C3029	<b>4 -</b>	C3129	C3229	C3329		C3429		C3529		C3629	C3729
C3030	<b>5 -</b>	C3130	C3230	C3330		C3430		C3530		C3630	C3730
C3031	<b>6 -</b>	C3131	C3231	C3331		C3431		C3531		C3631	C3731
<b>Total Premium</b>			C3232	C3332		C3432		C3532		C3632	C3732

**COMMENTS**

C3050

Please enter here any comments regarding this policy pricing.

Please proceed to the Policy Description tables for the next policy on the following page.

## Comments

We welcome your suggestions for improving our Property and Casualty Insurance Price Report.

C9910

C9911

C9912

C9913

C9914

## Certification *(I certify that the information provided in the Policy Description and Pricing Tables is complete and correct to the best of my knowledge).*

Signature of authorized person

C0015 Date Completed

## Name of person to contact for monthly policy pricing (please print)

C0013 First Name

C0054 Last Name

Title

Mr.  Mrs.  Ms.  Dr.

C0059

C0014 Position

C0017 Telephone Number

C0027 Ext.

C0016 Fax No.

C0018 E-mail address

## Time to complete the request

How much time did you spend collecting and reporting the information needed to complete our request?

Hours

C9907

Minutes

C9908

## Pre-filled Tables

In order to facilitate the completion of next month's Policy Description and Pricing tables, we can provide you with a copy of the information you provided to us in the tables this month. Each subsequent questionnaire sent to you will show the data from the Policy Description and Pricing tables in the previous month until you advise us otherwise. Do you authorize us to send you pre-filled Policy Description and Pricing tables?

Please check:  YES (Please send us pre-filled tables)

C9800

NO (Please send us blank tables)

Date:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Please make a copy of all survey pages for your records and return the original to Statistics Canada.

Thank you for your participation.