

**DECLARATION OF AUTOMOBILE INSURANCE ALBERTA, CANADA
STANDARD AUTOMOBILE FORM – TRANSPORTATION NETWORK S.P.F. No. 9**

INSURANCE COMPANY NAME

(HEREINAFTER CALLED THE INSURER)

AGENT/BROKER		No.		POLICY NUMBER								
1.	INSURED'S FULL NAME AND POSTAL ADDRESS			2.	FROM:	DATE:			TO:	DATE:		
					12:01 AM	YYYY	MM	DD	12:01 AM	YYYY	MM	DD
				POLICY PERIOD	ALL TIMES ARE LOCAL TIMES AT ALBERTA, CANADA							
3.	PARTICULARS OF THE DESCRIBED AUTOMOBILE(S)											
4. INSURING AGREEMENTS												
SECTION A			SECTION B				SECTION C					
PERILS	LEGAL LIABILITY FOR BODILY INJURY TO OR DEATH OF ANY PERSON OR DAMAGE TO PROPERTY (EXCLUSIVE OF COSTS AND POST JUDGMENT INTEREST) FOR LOSS OR DAMAGE RESULTING FROM BODILY INJURY TO OR THE DEATH OF ONE OR MORE PERSONS AND FOR THE LOSS OR DAMAGE TO PROPERTY REGARDLESS OF THE NUMBER OF CLAIMS ARISING FROM ANY ONE ACCIDENT.			PAYMENTS FOR DEATH OR BODILY INJURY				THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE				
LIMITS AND AMOUNTS IN DOLLARS	AS STATED IN SECTION B OF THE POLICY			UNINSURED MOTORIST	1. ALL PERILS	2. COLLISION OR UPSET		3. COMPREHENSIVE (EXCLUDING COLLISION OR UPSET)		4. SPECIFIED PERILS (EXCLUDING COLLISION OR UPSET)		
	EACH PERSON SUB-SEC. 1	PRINCIPAL SUM SUB-SEC. 2	WEEKLY BENEFIT MAXIMUM	SUB-SEC. 3	AMOUNT DEDUCTIBLE ON EACH SEPARATE CLAIM EXCEPT FOR LOSS OR DAMAGE BY FIRE OR LIGHTNING OR THEFT OF THE ENTIRE AUTOMOBILE							
				AS STATED IN SECTION B OF THE POLICY								
PREMIUM IN DOLLARS												
ENDORSEMENT NUMBER S ATTACHING	ENDORSEMENT No.	ENDORSEMENT DESCRIPTION				ENDORSEMENT PREMIUM	MINIMUM RETAINED PREMIUM		TOTAL POLICY PREMIUM			

Remarks:

This is your Declaration of Automobile Insurance. Contact your Broker/Agent with any questions or if you require clarification regarding your coverage choices.