

Form A - Declaration & Election For Tort Coverage



I, _____, Customer Number* _____ solemnly declare that I am 18 years of age or older. I have compared the Personal Auto Injury Insurance coverages that are available under *The Automobile Accident Insurance Act* for Tort and No Fault auto injury coverage. I understand that I may elect Tort Coverage, and that I can also make that election for some, any or all of my children under the age of 18, and for any adult who, by reason of their incapacity, I act as legal guardian.

I declare that I have the legal authority to make decisions for each person for whom an election is being made and I do hereby elect Tort Coverage for all persons that I have listed below.

Personal information for all individuals for whom I am electing to obtain **Tort Coverage**:

PLEASE CLEARLY PRINT THE FULL LEGAL NAME, ADDRESS, GENDER AND DATE OF BIRTH OF ALL PERSONS SELECTING THIS COVERAGE. IF A CUSTOMER NUMBER* HAS BEEN ASSIGNED TO THAT PERSON BY SGI, PLEASE INCLUDE IT. IF THE PERSON HAS NOT BEEN ASSIGNED A CUSTOMER NUMBER*, PLEASE ATTACH COPIES OF TWO PIECES OF IDENTIFICATION (E.G.: BIRTH CERTIFICATE, SASKATCHEWAN HEALTH CARD).

1. Last Name _____
 First Name _____ Middle Name _____
 Street No. & Name or Box No. _____
 City/Town _____ Province _____ Postal Code _____
 Indicate if: Self Under 18 Adult Under Guardianship

Customer Number* _____
 If no Customer Number*, indicate:
 Date of Birth (DD/MMM/YYYY) _____
 Male Female
 Height ____ ft. ____ in. or cm ____
 Eye Colour Grey
 Black Brown Hazel
 Blue Green Other

2. Last Name _____
 First Name _____ Middle Name _____
 Street No. & Name or Box No. _____
 City/Town _____ Province _____ Postal Code _____
 Indicate if: Self Under 18 Adult Under Guardianship

Customer Number* _____
 If no Customer Number*, indicate:
 Date of Birth (DD/MMM/YYYY) _____
 Male Female
 Height ____ ft. ____ in. or cm ____
 Eye Colour Grey
 Black Brown Hazel
 Blue Green Other

3. Last Name _____
 First Name _____ Middle Name _____
 Street No. & Name or Box No. _____
 City/Town _____ Province _____ Postal Code _____
 Indicate if: Self Under 18 Adult Under Guardianship

Customer Number* _____
 If no Customer Number*, indicate:
 Date of Birth (DD/MMM/YYYY) _____
 Male Female
 Height ____ ft. ____ in. or cm ____
 Eye Colour Grey
 Black Brown Hazel
 Blue Green Other

Dated at the town/city of _____ in the Province of Saskatchewan, this _____ day of _____, 20_____.

Daytime Phone No.: _____ Signature of Applicant: _____

The above coverage commences at the time and on the date that this declaration is received at an SGI motor licence issuer's office. If this declaration is mailed to SGI, coverage commences at 12:01 a.m. on the date that SGI Head Office receives it.

*The Customer Number can be found on the SGI Photo ID card, on the Saskatchewan driver's licence, or on the vehicle registration in the individual's name.

THIS SECTION TO BE COMPLETED BY AN SGI MOTOR LICENCE ISSUER

Received Date/Time:			Time of Day	Issuer Code	Issuer's Initials	Validation Number
DD	MMM	YYYY	: AM PM			