

FACILITY ASSOCIATION (New Brunswick)

BINDER CONTROL REGISTER (For Completion By Agent/Broker)

FACILITY ASSOCIATION RISK CODES

Was the Facility Association rate lower than other markets? Yes ~~No~~ "" _____

Was the Facility Association the only choice? Yes ~~No~~ "" _____

COLUMN 1 - CLASS (Enter Number - if more than one class code applies, enter Combination Code 9)

- | | | |
|-----------------------|-----------------|----------------------------|
| 1. PRIVATE PASSENGER | 4. RECREATIONAL | 7. DRIVERS POLICY |
| 2. COMMERCIAL VEHICLE | 5. GARAGE | 8. FLEET |
| 3. PUBLIC VEHICLE | 6. NON OWNED | 9. COMBINATION OF VEHICLES |

COLUMN 2 - REASON - RISK WRITTEN THROUGH FACILITY ASSOCIATION (Enter Alpha Code)

ALPHA CODES		
A: At-fault losses under 6 yrs.	I: Vehicle Type	S: Other – Please Specify
B: Conviction Record	J: Vehicle Modification	
C: Material Misrepresentation or Insurance Fraud	K: Location - Vehicle Domiciled (Used)	
D: Any combination of A, B or C	L: Any combination of G, H, I, J, or K	
E: Premium Payment History	M: Insurance History - Not Available	
F: New Driver – in Canada	N: Premium Lower Than Other Available Markets	
G: Vehicle Condition	O: Lapse in coverage over 24 months	
H: Vehicle Use	R: Years Driving Experience	

I ACKNOWLEDGE THAT THE REASON STATED ABOVE FOR PLACEMENT WITH THE FACILITY ASSOCIATION WAS DISCLOSED TO ME.

APPLICANT'S SIGNATURE: _____

I certify that I am unable to place this risk with the voluntary market represented by my agency/brokerage.

Agent/Broker Signature _____ **Agent/Broker Name** _____ **Servicing Carrier** _____

FACILITY ASSOCIATION RISK CODES

REFERENCE #	APPLICANT	DATE BOUND			Column 1	Column 2	TERR	QUOTED PREMIUM
		DD	MM	YY	Class	Reason		

A copy must be returned to your Servicing Carrier with the application.