FACILITY ASSOCIATION (Nova Scotia) 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_	
Col	umn 1- C	LASS (Enter Number - if more	tha	n one cl	ass co	de ap	plies,	enter Com	bination C	Code 9)	
Cor	3. PUBLIC	ERCIAL VEHICLE 5 VEHICLE 6	. C	RECREAGARAGE	E VNED)		8. F 9. C		TION OF V	
COL	UMN 2 - K	EASON - RISK WRITTEN T	НК					OCIATIC	IN (Enter	Alpha Code)
		ALPHA CODES									
	A: At-fault los	I: Vehicle Type						T: Othe	T: Other – Please Specify		
	2,	B: Conviction Record				ficatio	-				
		: Material Misrepresentation or Insurance Fraud					Omici				
	D: Any combin	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							
	G: Vehicle Condition			P: Lapse in coverage over 24 months							
	H: Vehicle Use			S: Years Driving Experience							
APPLIO	CANT'S SIGNAT ify that I am	T THE REASON STATED ABOVE FOR TURE: unable to place this risk with ture Agent/Bi	h th	ne volui	ntary	mar	 ket ro	epresente	d by my :		kerage.
igenu	Broker Signa	nuit ngendbi	OIL	1 I vallic					LITY ASSOC		
									ISK CODES	1111011	
	ADDI ICANIT				DATE BOUND Col			Column 1	Column 2		QUOTED
REI	FERENCE #	APPLICANT			DD	MM	YY	Class	Reason	STAT. CODE	PREMIUM

The Facility Association and Servicing Carrier copy must be returned to your Servicing Carrier with the application.