

# Request for Quotation

# Automobile Insurance

**Important:** Please be accurate in completing this form. Your discounts and premium quotation will be based on the information you give us today. If these facts change, your rate will be subject to adjustment.

First Name	Middle Initial	Last Name
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E-mail Address
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Area Code	Home Telephone
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Street Number, Street Name, Postal Station or RR	Apt/Suite
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Area Code	Bus. Telephone
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City/Town	Province	Postal Code
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Area Code	Fax Number
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## Vehicle Information

Important: The VEHICLE IDENTIFICATION NUMBER listed on your vehicle ownership (or located on the lower right Portion of the front windshield) may entitle you to special discounts.

Veh No.	Vehicle Identification Number	Registered Owner	Year	Make (Nissan, Ford etc.)	Model (Civic, Corolla etc)	Purchase Date (DD/MM/YY)	Winter tires Y/N
1							
2							
3							

## Usage Information

Veh No.	Annual Kilometres	Pleasure? (includes commute to work)		Business Calls?		Daily KM one way (to/from work etc.)	Current Policy Information		
		Yes	No	Yes	No		Insurance Company	Policy Number	Policy Expiry (DD/MM/YY)
1									
2									
3									

## Driver Information

Driver licence numbers may be significant to the underwriting accuracy and will speed the return of your quote

Dr. No.	Driver's Name (Please list ALL licenced operators in the household)	Driver Licence Number	Relationship to Applicant	Birthdate (DD/MM/YY)	Sex M/F	Married?		Driver Training?		Licence Date Obtained (MM/YY)		
						Yes	No	Yes	No	G1	G2	G
1												
2												
3												

\*For Ontario - Indicate if G2 or full G licence

## Claims Information

List all claims or accidents in the past six years - most recent first

Dr. No.	Date (MM/YY)	Did your insurance company pay out on the claims?		Was this driver at fault?		How much was paid out on claim		List details of accidents
		Yes	No	Yes	No	Own car	Other car	
1								
2								

List type of convictions and fines for traffic violations in the past three years

No.	Date (MM/YY)	Type of Conviction (e.g. Speeding - 15 km over limit)
1		
2		

State if any driver's licence has been suspended or revoked in the past six years

Driver No.	Date (MM/YY)	How Long?	Reason

List losses due to theft, vandalism or comprehensive claims in the past three years

Date (MM/YY)	Details

**Additional Comments** (optional)