

Request for Auto Quotation

Insured Details

Insured Name: _____	Insured Address: _____
Phone: _____	_____
Email: _____	_____
Renewal Date: _____	_____

Please answer the following questions regarding vehicles and drivers accurately. If you have more than two vehicles or drivers that would like to be added to the policy, kindly fill out the back pages with the additional details.

Vehicle #1 Details

Year of Vehicle: _____
Make of Vehicle: _____
Model of Vehicle: _____
VIN Number: _____
Did you buy new? Y ___ N ___ Date of Purchase: _____ Purchase Price: _____
Is it leased/financed? Y ___ N ___ Allowable kilometers during lease/finance? _____
Any modifications or customizations: Y ___ N ___ IF YES please list:

PLEASE SELECT YOUR DESIRED COVERAGES:

Liability \$1,000,000 ___ Liability \$2,000,000 ___ Comprehensive ___

Deductible amount _____ All Perils ___ Collision ___

Additional coverage: _____

Vehicle #2 Details

Year of Vehicle: _____

Make of Vehicle: _____

Model of Vehicle: _____

VIN Number: _____

Did you buy new? **Y** ___ **N** ___ Date of Purchase: _____ Purchase Price: _____

Is it leased/financed? **Y** ___ **N** ___ Allowable kilometers during lease/finance? _____

Any modifications or customizations: **Y** ___ **N** ___ **IF YES please list:**

PLEASE SELECT YOUR DESIRED COVERAGES:

Liability \$1,000,000 ___ Liability \$2,000,000 ___ Comprehensive ___

Deductible amount _____ All Perils ___ Collision ___

Additional coverage: _____

Driver #1 Details

Drivers Name: _____ Date of Birth: _____

Drivers license number: _____

Any claims in the last three years? **Y** ___ **N** ___ Any tickets in the last three years? **Y** ___ **N** ___

Has your license been suspended in the last five years? **Y** ___ **N** ___

Has your Insurance been cancelled by the company for any reason in the last five years? **Y** ___ **N** ___

What vehicle do you drive primarily? _____

How many kilometers do you drive to work one way? _____ Kilometers annually? _____

When did you receive your "G" license? _____

Your current Insurance company: _____

Insurance policy number: _____

Driver #2 Details

Drivers Name: _____ Date of Birth: _____

Drivers license number: _____

Any claims in the last three years? **Y** ___ **N** ___ Any tickets in the last three years? **Y** ___ **N** ___

Has your license been suspended in the last five years? **Y** ___ **N** ___

Has your Insurance been cancelled by the company for any reason in the last five years? **Y** ___ **N** ___

What vehicle do you drive primarily? _____

How many kilometers do you drive to work one way? _____ Kilometers annually? _____

When did you receive your "G" license? _____

Your current Insurance company: _____

Insurance policy number: _____

THANK YOU FOR YOUR REQUEST.
WE LOOK FORWARD TO QUOTING YOU!

Request for Auto Quotation

Continued – Additional Vehicles and Drivers

Vehicle #3 Details

Year of Vehicle:	_____
Make of Vehicle:	_____
Model of Vehicle:	_____
VIN Number:	_____
Did you buy new? Y ___ N ___	Date of Purchase: _____ Purchase Price: _____
Is it leased/financed? Y ___ N ___	When did the lease/financing commence? _____
Any modifications or customizations: Y ___ N ___	IF YES please list:

PLEASE SELECT YOUR DESIRED COVERAGES:					
Liability \$1,000,000	_____	Liability \$2,000,000	_____	Comprehensive	_____
Deductible amount	_____	All Perils	_____	Collision	_____
Additional coverage:	_____				

Vehicle #3 Details

Year of Vehicle: _____

Make of Vehicle: _____

Model of Vehicle: _____

VIN Number: _____

Did you buy new? **Y** ___ **N** ___ Date of Purchase: _____ Purchase Price: _____

Is it leased/financed? **Y** ___ **N** ___ Allowable kilometers during lease/finance? _____

Any modifications or customizations: **Y** ___ **N** ___ **IF YES please list:**

PLEASE SELECT YOUR DESIRED COVERAGES:

Liability \$1,000,000 ___ Liability \$2,000,000 ___ Comprehensive ___

Deductible amount _____ All Perils ___ Collision ___

Additional coverage: _____

Driver #3 Details

Drivers Name: _____ Date of Birth: _____

Drivers license number: _____

Any claims in the last three years? **Y** ___ **N** ___ Any tickets in the last three years? **Y** ___ **N** ___

Has your license been suspended in the last five years? **Y** ___ **N** ___

Has your Insurance been cancelled by the company for any reason in the last five years? **Y** ___ **N** ___

What vehicle do you drive primarily? _____

How many kilometers do you drive to work one way? _____ Kilometers annually? _____

When did you receive your "G" license? _____

Your current Insurance company: _____

Insurance policy number: _____

Driver #4 Details

Drivers Name: _____ Date of Birth: _____

Drivers license number: _____

Any claims in the last three years? **Y** ___ **N** ___ Any tickets in the last three years? **Y** ___ **N** ___

Has your license been suspended in the last five years? **Y** ___ **N** ___

Has your Insurance been cancelled by the company for any reason in the last five years? **Y** ___ **N** ___

What vehicle do you drive primarily? _____

How many kilometers do you drive to work one way? _____ Kilometers annually? _____

When did you receive your "G" license? _____

Your current Insurance company: _____

Insurance policy number: _____

THANK YOU FOR YOUR REQUEST.
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