

Auto Insurance Quote

(Save up to \$400 by combining your home/condo/tenants insurance with your auto insurance)

Client Information

Name:	Telephone No.:	Mobile No.:
Address:	City, Prov.:	Postal Code:
Email:	How many people in your home are licensed to drive?	

Additional Drivers

	DRIVER ONE	DRIVER TWO	DRIVER THREE
Name:			
DOB:	YYYY MM DD	YYYY MM DD	YYYY MM DD
Relationship:			
Marital Status:			
License No.:			
G License Date:	YYYY MM DD	YYYY MM DD	YYYY MM DD
G2 License Date:	YYYY MM DD	YYYY MM DD	YYYY MM DD
G1 License Date:	YYYY MM DD	YYYY MM DD	YYYY MM DD
Years Insured:			

Current Coverage

	Current/Previous Insurer	Policy #	Expiry Date	Current Cost of Insurance
AUTO 1:			YYYY MM DD	
AUTO 2:			YYYY MM DD	
AUTO 3:			YYYY MM DD	

Claims/Convictions

CLAIMS

Date	Driver	Description	Vehicle Involved
YYYY MM DD			
YYYY MM DD			

TICKETS/CONVICTIONS

Date	Driver	Description	KM/H
YYYY MM DD			
YYYY MM DD			

Auto #1

Year:	Make:	Model:	Buy or Lease:
Bought New/Used:	Purchase Price:	Date of Purchase: YYYY MM DD	VIN #:
Principle Operator:	Use?	Commute KM (approximate):	Annual KM (approximate):
Lien on Vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, with who?		Lease on Vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, with who?	

Auto #1 - Deductibles

Liability	Collision	Comp:	Endorsements
	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000	

Auto #2

Year:	Make:	Model:	Buy or Lease:
Bought New/Used:	Purchase Price:	Date of Purchase: YYYY MM DD	VIN #:
Principle Operator:	Use?	Commute KM (approximate):	Annual KM (approximate):
Lien on Vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, with who?	Lease on Vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, with who?		

Auto #2 - Deductibles

Liability	Collision	Comp:	Endorsements
	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000	

Auto #3

Year:	Make:	Model:	Buy or Lease:
Bought New/Used:	Purchase Price:	Date of Purchase: YYYY MM DD	VIN #:
Principle Operator:	Use?	Commute KM (approximate):	Annual KM (approximate):
Lien on Vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, with who?	Lease on Vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, with who?		

Auto #3 - Deductibles

Liability	Collision	Comp:	Endorsements
	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000	