



 INSURANCE AND
 INVESTMENT SOLUTIONS
 SINCE 1930

Automobile Insurance Quote Request Form

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Email: _____

Effective Date: _____

Date of Birth: _____ Single: _____ Married: _____

of Drivers in Household: _____

Year: _____ Make: _____ Model: _____

Owned: _____ Leased: _____ VIN: _____

Vehicle Use: _____ Pleasure: _____ Commute: _____ # of KM one-way: _____

Annual KM: _____ Years Continuously Insured: _____

Years With Current Insurance Provider: _____

License: G # of Years Licensed: _____

G2 # of Years Licensed: _____

G1 # of Years Licensed: _____

Principal Driver: _____

Driver Training: Yes No

License Suspension: Yes No Date: _____ Reason: _____

Lapse in Coverage: Yes No Reason: _____

Convictions: _____ Accidents: _____

Winter Tires: Yes No