

Insurance Representative Information

Your Car	
Make:	Model:
Year:	Distance driven one way to work:
Annual mileage:	Do you use your car for business? Yes or No
Vehicle Identification Number (VIN):	
Your Current Broker, Agent, or Insurance Company and Coverages/Deductibles and Rates	
Name:	Company:
Phone:	Insurance policy number:
Coverage:	Deductibles:
Your current annual insurance rate:	
You (as principal driver)	
Gender:	Birth Date:
Marital Status:	
Number of years you have been licensed to drive in Canada or the U.S.:	
Your driver's licence number:	
Has your policy ever been cancelled for non-payment or any other reason?	
First-time driver:	
Did you receive a Driver Training Certificate? Yes or No	
List details of all accidents and claims in the past 6 years:	
List details of all traffic violations (not including parking tickets) in the past 3 years:	

Coverages:

Deductibles:

Other (Occasional) Drivers

Gender:

Birth Date:

Marital Status:

Number of years licensed to drive in Canada or the U.S.:

Date of receiving G1, G2 and G license:

Did they receive driver training? Yes or No

Do they have a Driver Training Certificate? Yes or No

List details of all accidents and claims in the past 6 years.

List details of all traffic violations (not including parking tickets) in the past 3 years.