



Client Information	
Name:	
Address:	
Phone Number(s):	
Email Address:	
Effective Date:	
Vehicle Information	
Year:	
Make:	
Model:	
VIN:	
Date Purchased:	
Owned/Leased/Financed:	
Name/Address of Lender (if applicable)	
Pleasure or Business/Commercial use:	
Winter Tires: (Y/N)	
TAG Antitheft Tracking Installed: (Y/N)	
Vehicle Coverages	
Liability: (\$1,000,000 or \$2,000,000)	
Collision Deductible: (\$500/\$1000/\$2500)	
Comprehensive Deductible: (\$500/\$1000/\$2500)	
Loss of Use – Rental: (Y/N)	
KMs Driven to Work (One Way):	
Annual KMs Driven:	
Accident Forgiveness Coverage: (Y/N)	
Driver Information	
*DRIVER INFORMATION NEEDED FOR ALL LISTED ON THE POLICY – ALL PRINCIPAL/OCCASIONAL DRIVERS	
Driver Name:	
Drivers Licence Number:	
Driver Training Course Completed: (Y/N/Date)	
Retired: (Y/N)	
Date First Licenced (G1):	
Date of G2 (approx.):	
Date of Full G Licence (approx.):	
Marital Status:	
Total (#) Licenced Persons in Household:	
Number of Vehicles in Household:	