

PART 1 GENERAL INFORMATION

Contact Person: _____

How did you hear about Insight? _____

Applicants Full Name _____

Address Including Postal Code _____

Home Phone _____ Cell Phone _____ Date Of Birth _____

Occupation _____ Email _____

Consent Yes No In respect of this quotation/application, any policy we issue and subsequent renewals or changes, we may order personal information reports including policy history, claims history, rating information, risk information and only with respect to you, your personal credit information including credit score, as permitted by law. Do you, and on behalf of others listed, authorize us to collect, use and disclose to appropriate third parties, this information solely relating to your personal property policy for the purposes necessary to assess the risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results and detect and prevent fraud?

CO APPLICANT'S FULL NAME _____

Date Of Birth _____ Relationship to Applicant _____

Consent Yes No Occupation _____

PRESENT INSURANCE INFORMATION: _____

Current Carrier _____ Policy # _____

Expiration Date _____ Current Premium _____

PART 2 DRIVERS

DRIVER #1: NAME: _____ Date of Birth _____

Drivers License Number _____ Marital Status: Single Married Common Law Other

Date you first received your class 5 license: _____ Driver Training: Yes No N/A

Continuous Insurance Since _____

Current Insurer: _____ How Long Insured With? _____

Convictions? (3Yrs) _____ Accidents? (6Yrs) _____

If yes, list dates and offense: _____ If yes, list dates and type: _____

Suspension? Yes No Gaps In Ins? Yes No

If Yes, Please Explain _____

DRIVER #2: NAME: _____ Date of Birth _____

Drivers License Number _____ Marital Status: Single Married Common Law Other

Date you first received your class 5 license: _____ Driver Training: Yes No N/A

Continuous Insurance Since _____

Current Insurer: _____ How Long Insured With? _____

Convictions?(3Yrs) _____ Accidents? (6Yrs) _____

If yes, list dates and offense: _____ If yes, list dates and type: _____

Suspension? Yes No Gaps In Ins? Yes No

If Yes, Please Explain _____

DRIVER #3: NAME: _____ Date of Birth _____

Drivers License Number _____ Marital Status: Single Married Common Law Other

Date you first received your class 5 license: _____ Driver Training: Yes No N/A

Continuous Insurance Since _____

Current Insurer: _____ How Long Insured With? _____

Convictions?(3Yrs) _____ Accidents?(6Yrs) _____

If yes, list dates and offense: _____ If yes, list dates and type: _____

Suspension? Yes No Gaps In Ins? Yes No

If Yes, Please Explain _____

PART 3 AUTOMOBILES

Auto #1: PRIMARY DRIVER

Year _____ Make _____ Model _____

VIN _____

Date Purchased _____ Purchase Price _____ NEW USED

Is there a lienholder or lessor? Yes No

Please Check One?

Pleasure Use Only (No Commuting) _____ How many kilometres/year? _____

Commute _____ KM/day _____ How many kilometres/year? _____

Business Use _____ How many kilometres/year? _____

Coverage Requested: _____

Auto #2: PRIMARY DRIVER

Year _____ Make _____ Model _____

VIN _____

Date Purchased _____ Purchase Price _____ NEW USED

Is there a lienholder or lessor? Yes No

Please Check One?

Pleasure Use Only (No Commuting) _____ How many kilometres/year? _____

Commute _____ KM/day _____ How many kilometres/year? _____

Business Use _____ How many kilometres/year? _____

Coverage Requested: _____

Auto #3: PRIMARY DRIVER

Year	Make	Model
VIN		
Date Purchased	Purchase Price	NEW USED
Is there a lienholder or lessor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please Check One?		
<input type="checkbox"/> Pleasure Use Only (No Commuting)	How many kilometres/year?	
<input type="checkbox"/> Commute	KM/way	How many kilometres/year?
<input type="checkbox"/> Business Use	How many kilometres/year?	
Coverage Requested:		

PART 4 MISCELLANEOUS

Motorcycles #1	Year	Make	Model
Serial Number	Engine (cc)	Value (\$)	
Annual KM Driven	Is Vehicle Used To Commute: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, how many kilometers / way?			
Date class 6 license received:	Driver Training Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Coverage Requested:			

Motorcycles #2:	Year	Make	Model
Serial Number	Engine (cc)	Value (\$)	
Annual KM Driven	Is Vehicle Used To Commute: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, how many kilometers / way?			
Date class 6 license received:	Driver Training Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Coverage Requested:			

ATV/SNOWMOBILE #1:	Year	Make	Model
Serial Number	Engine (cc)	Value (\$)	
Coverage Requested			

ATV/SNOWMOBILE #2:	Year	Make	Model
Serial Number	Engine (cc)	Value (\$)	
Coverage Requested			