

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 _____

SUBMIT

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? Yes No

Please Check One?

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

Commute KM/way How many kilometres/year?

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: Yes No

If so, how many kilometers / way?

Date class 6 license received: Driver Training Completed? Yes No

Coverage Requested:

Motorcycles #2: Year Make Model

Serial Number Engine (cc) Value (\$)

Annual KM Driven Is Vehicle Used To Commute: Yes No

If so, how many kilometers / way?

Date class 6 license received: Driver Training Completed? Yes 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