



AUTOMOBILE QUESTIONNAIRE

Date:		Producer:			CSR:				
Renewal date:		Current Insurer:			Policy number:				
APPLICANT INFORMATION									
Last Name:		First:	Middle:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	Marital status (circle one)			
				<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	Single / Mar / Div / Sep / Wid			
Address:			City:		Postal Code:	Age:	Sex:		
							<input type="checkbox"/> M <input type="checkbox"/> F		
Home phone no.:		Work phone no.:			Cell phone no.:				
()		()			()				
Fax no.:		Email:			Birth date:				
()					month	day	year		
VEHICLE INFORMATION									
Veh. No.	Year	Make and Model	(VIN) Vehicle Identification Number		Engine	Body Type	Lease	Own	
1							<input type="checkbox"/>	<input type="checkbox"/>	
2							<input type="checkbox"/>	<input type="checkbox"/>	
3							<input type="checkbox"/>	<input type="checkbox"/>	
4							<input type="checkbox"/>	<input type="checkbox"/>	
5							<input type="checkbox"/>	<input type="checkbox"/>	
Total number of vehicles in the household or business?			Are any other persons in the household or business licensed to drive? If yes, provide details in the comments section.			<input type="checkbox"/> yes	<input type="checkbox"/> no		
VEHICLE USE									
			Veh 1	Veh 2	Veh 3	Veh 4	Veh 5		
Estimated total kilometres driven annually?			km	km	km	km	km		
Is vehicle used for business?		<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is vehicle used to drive to and from work, school or commuter point?		<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Number of kilometres one way to work, school or commuter point?			km	km	km	km	km		
Estimated total kilometers business annually?			km	km	km	km	km		
Is vehicle modified or altered in any way? If yes, please indicate details on separate sheet.		<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
DRIVER INFORMATION									
Driver. No.	Name	License No.		Retired	Marital Status	Date of Birth			
						Month	Day	Year	
1				<input type="checkbox"/>					
2				<input type="checkbox"/>					
3				<input type="checkbox"/>					
4				<input type="checkbox"/>					
5				<input type="checkbox"/>					

DRIVER INFORMATION (CONTINUED)

Driver No.	Driver Training Certificate?		Year first licensed in Canada	Percentage use by each driver				
				Veh 1	Veh 2	Veh 3	Veh 4	Veh 5
1	<input type="checkbox"/> yes	<input type="checkbox"/> no						
2	<input type="checkbox"/> yes	<input type="checkbox"/> no						
3	<input type="checkbox"/> yes	<input type="checkbox"/> no						
4	<input type="checkbox"/> yes	<input type="checkbox"/> no						
5	<input type="checkbox"/> yes	<input type="checkbox"/> no						

DRIVER RECORD INFORMATION

Has any listed driver had any auto-related convictions in the last 3 years?

Name of driver	Date			Details of conviction/suspension
	month	day	year	

List any accidents or auto related claims (e.g. fire, theft) in last 10 years?

Name of driver	Date			Details of claim/accident
	month	day	year	

Have you ever been refused or cancelled insurance? yes no Details:

OPTIONS

Liability Coverage Requested: \$	<input type="checkbox"/> DECLINED ADDITIONAL ACCIDENT BENEFITS		
Additional Accident Benefits: \$			
Income Replacement:	<input type="checkbox"/> Up to \$600/wk	<input type="checkbox"/> Up to \$800/wk	<input type="checkbox"/> Up to \$1,000/wk
<input type="checkbox"/> Caregiver and Dependant Care	<input type="checkbox"/> Medical, Rehab & Attendant Care	<input type="checkbox"/> Death & Funeral	<input type="checkbox"/> Indexation Benefit
Loss or Damage:	Specified Perils Deductible \$	Comprehensive Deductible \$	Collision Deductible \$ All Perils Deductible \$
Policy Change Forms:	<input type="checkbox"/> OPCF 43 Owned car depreciation	<input type="checkbox"/> OPCF 43a Leased car depreciation	<input type="checkbox"/> OPCF 20 Loss of Use \$ <input type="checkbox"/> OPCF 27 Leased Car \$ Other:

COMMENTS

Leasing/Lien Company Name & Address:

Applicant signature

Date