

Auto Insurance U/W Information Sheet

Name:	_____
Address:	_____
City:	_____
PC:	_____
Day Ph:	_____
Home Ph:	_____
E-mail:	_____

Current Insurer:	_____
# of Years Insured:	_____
# of Years with current:	_____
# of Drivers in HH:	_____
# of Vehicles in HH:	_____

Driver Name		DOB	Lic. # yrs.	< 4 yrs # Tickets	Last 10 years			DL #	Primary vehicle driven
					# A/F Claims	# N/F Claims	# Comp Claims		
	1								
	2								
	3								
	4								
	5								

Vehicle	Yr.	Make	Model	4 WD?	Wrk/Pls/Bus?	Km/Year	Liability	Collision	Comp/SP	Current \$	Quote \$
	1										
	2										
	3										
	4										
	5										

Any out of province driving/insurance history in the past six years? _____

Particulars: 2012 _____
 2011 _____
 2010 _____
 Prior yrs _____

Crosslines: Property X-Date: _____ Life Insurance review requested: _____
 Travel Insurance: _____