



The Standard Insurance Brokers Ltd

AUTOMOBILE INSURANCE QUESTIONNAIRE

GENERAL INFORMATION:

Name:			Date:	
Mailing Address:				
Phone: (work)	(home)	(cell)		
E-mail Address:				

UNDERWRITING INFORMATION:

Have you ever been cancelled for non payment? (when & why)				
How many years have you been continuously insured?				
Prior Insurance? Y or N	Company and Pol #?			Expiry?
Do you own your own home? Yes No				
What is the expiry date of that policy?				

DRIVER INFORMATION:

DRIVER #1: Name:				
D.O.B.	Driver's License Number:		Date Licensed	
Driver Training: Y or N	Month:	Year:	G1:	
			G2:	
			G:	
List any convictions in past 6 years including suspensions and convictions:				
List ALL accidents (including not at fault) and/or Claims in past 10 years:				
DRIVER #2: Name:				
D.O.B.	Driver's License Number:		Date Licensed	
Driver Training: Y or N	Month:	Year:	G1:	
			G2:	
			G:	
List any convictions in past 6 years including suspensions and convictions:				
List ALL accidents (including not at fault) and/or Claims in past 10 years:				

DRIVER #3: Name:		
D.O.B.	Driver's License Number:	Date Licensed
Driver Training: Y or N	Month: Year:	G1:
		G2:
		G:
List any convictions in past 6 years including suspensions and convictions:		
List ALL accidents (including not at fault) and/or Claims in past 10 years:		
DRIVER #4: Name:		
D.O.B.	Driver's License Number:	Date Licensed
Driver Training: Y or N	Month: Year:	G1:
		G2:
		G:
List any convictions in past 6 years including suspensions and convictions:		
List ALL accidents (including not at fault) and/or Claims in past 10 years:		

Notes: _____

VEHICLE INFORMATION:

	VEHICLE #1	VEHICLE #2	VEHICLE #3
Registered Owner			
Year			
Make			
Model			
Serial #			
Car Codes			
Purchase Price			
New/Used			
Date purchased			
Reg in Ontario?			

VEHICLE USE:

	VEHICLE #1	VEHICLE #2	VEHICLE #3
Pleasure/Commute/Commercial			
#KM to work one way			
#KM annually			
Modified?			
Tow Trailers?			
Carry Pass for compensation			
Principle Operator			
Secondary Operator			
Occasional Operator			

COVERAGES:

	VEHICLE #1	VEHICLE #2	VEHICLE #3
Liability Limit			
All Perils Deductible			
Collision Deductible			
Comprehensive Deductible			
Specified Perils Deductible			
Option Endorsements			
Unrepaired Damage?			
Lien holder/Lessor?			
Discounts:			
MVD			
MPD			
UNIV			
RETIREE			
Present Premium?			

Thank you for taking the time to complete this questionnaire.