

**Automobile Information for QUOTATION**

Group (if applicable):

Robertson Hall Insurance Inc.  
395 Wellington Road South  
London, Ontario  
Canada  
N6C 5Z6  
Phone: 519 680-3111  
Fax: 519 685-3921  
www.robertsonhall.com

**Note: Insurance policy should read in the name/s of the Registered owner/s of the vehicle/s insured**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City, Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Are you currently insured? Yes No Policy Expiry Date: \_\_\_\_\_ Have you been insured for at least 12 months? Yes No  
 Name of Current Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Driver # 1 Details:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Date First Licensed in Canada: \_\_\_\_\_ Drivers Education Completed? Copy of DT Certificate Required if Less Than 3 Years Ago Yes  
 G1 Obtained: \_\_\_\_\_ G2 Obtained: \_\_\_\_\_ G3 Obtained: \_\_\_\_\_  
 Date First Licensed Outside of Canada \_\_\_\_\_ Where Are You Licensed Outside of Canada? \_\_\_\_\_

**Driver # 2 Details:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Date First Licensed in Canada: \_\_\_\_\_ Drivers Education Completed? Copy of DT Certificate Required if Less Than 3 Years Ago Yes  
 G1 Obtained: \_\_\_\_\_ G2 Obtained: \_\_\_\_\_ G3 Obtained: \_\_\_\_\_  
 Date First Licensed Outside of Canada \_\_\_\_\_ Where Are You Licensed Outside of Canada? \_\_\_\_\_

**Driver # 3 Details:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Date First Licensed in Canada: \_\_\_\_\_ Drivers Education Completed? Copy of DT Certificate Required if Less Than 3 Years Ago Yes  
 G1 Obtained: \_\_\_\_\_ G2 Obtained: \_\_\_\_\_ G3 Obtained: \_\_\_\_\_  
 Date First Licensed Outside of Canada \_\_\_\_\_ Where Are You Licensed Outside of Canada? \_\_\_\_\_

**Vehicle # 1 Details:**

Year: Pleasure \* \* Annual km Driven:  
 Make: Drive to Work \*\* \*\* Distance One Way: \*\* Annual km:  
 Model: Business \*\*\* \*\*\* Indicate Type of Use  
 (sales, client visits, etc.):  
 Serial #: \*\*\* Annual km:

**Coverage:**

Liability Limit: OPCF 27 - Liability coverage for non-owned vehicle (I.E. Rental)  
 Collision: OPCF 20 - Loss of Use coverage to rent a vehicle following an accident  
 Comprehensive: Claim Protection - no change in rating if an **at fault** accident occurs for designated driver  
 Primary Driver: Waiver of Depreciation - applicable for 24 months after **NEW** vehicle purchase or lease  
 Additional Driver(s)  
 - In Order:

**Primary Use of Vehicle:****Optional Coverage:****Vehicle # 2 Details:**

Year: Pleasure \* \* Annual km Driven:  
 Make: Drive to Work \*\* \*\* Distance One Way: \*\* Annual km:  
 Model: Business \*\*\* \*\*\* Indicate Type of Use  
 (sales, client visits, etc.):  
 Serial #: \*\*\* Annual km:

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 - In Order:

**Primary Use of Vehicle:****Optional Coverage:****Vehicle # 3 Details:**

Year: Pleasure \* \* Annual km Driven:  
 Make: Drive to Work \*\* \*\* Distance One Way: \*\* Annual km:  
 Model: Business \*\*\* \*\*\* Indicate Type of Use  
 (sales, client visits, etc.):  
 Serial #: \*\*\* Annual km:

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 Primary Driver: Waiver of Depreciation - applicable for 24 months after **NEW** vehicle purchase or lease  
 Additional Driver(s)  
 - In Order:

**Primary Use of Vehicle:****Optional Coverage:**

## **Additional Information Required For All Drivers In The Household**

Please List Any Convictions and Dates of Conviction For Each Driver Within The Last 3 Years (I.E. speeding, fail to yield, seat belt)

Driver 1

Driver 2

Driver 3

Please List The Driver(s), Date(s), and Particulars If Drivers License Has Been Suspended or Cancelled Within The Last 3 Years

Please List The Driver(s) and Date(s) If Insurance Has Been Cancelled for Non-Payment Within The Last 3 Years

Please List The Driver(s) and Date(s) If Insurance Policy Has Been Cancelled for Any Reason Other Than Non-Payment Within The Last 3 Years

Please Provide The Driver(s), Date(s) and Particulars of Any Accident or Claim Within The Last 6 Years. Please Indicate Whether You Were At Fault or Not At Fault

Other Drivers And / Or Other Vehicle Information (Information As Requested Above On Pages 1 and 2 Is Required)

Special Notes Or Other Information On Other Drivers And / Or Other Vehicles