

CAR INSURANCE QUOTE

For the exclusive use of Leone & Associés Inc.

General information about the applicant										
Name:				DOB:			Reference:			
Address:										
Telephone residence :				Office:			Cell. :			
Licence number:					Date obtained:					
Employer:					Employment start date:					
Type of employment:										
Characteristics of the designated automobile										
Car no.	Year/Make/Model	Series			Anti-theft	Km for work	Annual Km	#Cyl	Date purchased/leased	Price
1										
2										
3										
Information about drivers										
Driver No.	Sex M/F	Marital Status	Principal/occasional			Name of driver	Licence number	Relationship		
			1	2	3					
Information regarding your most recent car insurance										
<input type="checkbox"/> 1 st insurance		Provider:				Policy #:		Expiration date:		
Claims table for the last six (6) years										
Date	Driver	Description				%	Amount paid			
During the last five (5) years, have you had a:										
<input type="checkbox"/> Yes <input type="checkbox"/> No					criminal record <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, describe the incidents below		
Licence suspension		<input type="checkbox"/> Yes <input type="checkbox"/> No				Demerit points: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date	Reason						Points lost			
Desired insurance protection										
Car no.	Civil liability	Deductible		QEF 34	QEF 20	QEF 27	QEF 43 (replacement cost)			
		B2	B3							
1										
2										
3										