



Auto Submission Quotation

New Renew Change

Customer Information

Name: _____ Date of Birth: _____

BCDL# or Company Name: _____ Owner of vehicle: _____

Plate # or Submission#: _____

Document# (if not previous client): _____

Contact Number: _____ Email: _____

Pick up Delivery (preferred time): _____ Electronic copy

Coverages

No changes from previous policy

Vehicle usage: Work/School under 15km Work/School over 15km

Pleasure use Business use Other: _____

Third Party Liability (TPL) \$1mil \$2mil \$3mil \$5mil

Uninsured Motorist Protection (UMP) \$2mil \$3mil \$4mil \$5mil

Collision Deductible \$300 \$500 \$1000 \$2500

Comprehensive Deductible \$300 \$500 \$1000 \$2500

Roadside Plus Roadstar Low Mileage Discount: _____ kms (must provide photo)

Primary Driver

Name: _____ Date of Birth: _____ BCDL#: _____

Additional Drivers: (Same Household/Company)

Name: _____ Date of Birth: _____ BCDL#: _____

Name: _____ Date of Birth: _____ BCDL#: _____

Name: _____ Date of Birth: _____ BCDL#: _____

Additional Notes/Information: _____