



Bragg Creek Insurance Services Inc.

Auto Insurance Quote Request

Personal Information

Name(s): _____

Marital status(es): _____

Current mailing address: _____

Physical address: _____

What date did you move to this address? _____

New addresses if moving here: _____

Phone #(s): _____ Email: _____

Currently Insured With: _____ Policy #: _____ Expiry Date: _____

Continuous auto insurance since: _____

Driver Information #1

Name: _____ DOB: _____

Driver's License #: _____ Licence expiry date: _____

Class(es) of licence: _____ Date First Licensed for each class: _____

Occupation and Employer: _____ Continuously Insured Since: _____

Accidents in the last 6 years: Y N Details: _____

Convictions in the last 3 years: Y N Details: _____

Do you have driver's education: Y N Please provide the certificate.

Permission to pull driver history (for Alberta clients): Y N * See note at end of form.

Permission for soft credit check: Y N **See note at end of form.

Driver Information #2

Name: _____ DOB: _____

Driver's License #: _____ Licence expiry date: _____

Class(es) of licence: _____ Date First Licensed for each class: _____

Occupation and Employer: _____ Continuously Insured Since: _____

Accidents in the last 6 years: Y N Details: _____

Convictions in the last 3 years: Y N Details: _____

Do you have driver's education: Y N Please provide the certificate.

Permission to pull driver history (for Alberta clients): Y N * See note at end of form.

Permission for soft credit check: Y N **See note at end of form.

If you need space for more drivers, please print another sheet.

Please go to page 2 for vehicle details.

Vehicle Information #1

Year: _____ Make: _____ Model: _____

VIN #: _____ Use: Pleasure Commute Business

Is the vehicle new or used. Are you the original owner: Y N

Does the vehicle have an autonomous emergency braking system: Y N

Commute Distance km (1-way): _____ Business type & % use _____ Total annual kms: _____

Date of purchase of vehicle: _____ Purchase price: _____

Name & address of lien holder / lessor (specify which): _____

Primary Driver: _____ Liability Limit: 1 Million 2 Million Other _____

Coverage Type:

Collision Deductible:

- \$500
- \$1000
- Other _____

Comprehensive:

- \$500
- \$1000
- Other _____

All Perils:

- \$500
- \$250
- Other _____

Does the vehicle have any current physical damage: Y N

If so, please provide full details and photos: _____

Vehicle Information #2

Year: _____ Make: _____ Model: _____

VIN #: _____ Use: Pleasure Commute Business

Is the vehicle new or used. Are you the original owner: Y N

Does the vehicle have an autonomous emergency braking system: Y N

Commute Distance km (1-way): _____ Business type & % use _____ Total annual kms: _____

Date of purchase of vehicle: _____ Purchase price: _____

Name & address of lien holder / lessor (specify which): _____

Primary Driver: _____ Liability Limit: 1 Million 2 Million Other _____

Coverage Type:

Collision Deductible:

- \$500
- \$1000
- Other _____

Comprehensive:

- \$500
- \$1000
- Other _____

All Perils:

- \$500
- \$250
- Other _____

Does the vehicle have any current physical damage: Y N

If so, please provide full details and photos: _____

If you need space for more vehicles, please print another sheet.

**If you are coming from another province or territory or from outside Canada, you will have to provide us with a driver’s abstract and insurance history from your previous jurisdiction/s to cover the last 10 years or however long you have been driving (if less than 10 years), as we cannot obtain them for you.*

*** Most insurance companies will offer a discount if you allow them to run a soft credit check to assess your credit score. They do not obtain a full credit history and the check will not affect your credit score.*

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