



Bragg Creek Insurance Services Inc.

Auto Insurance Quote Request

Personal Information

Name(s): _____
Marital status(es) : _____
Current mailing address: _____
Physical 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: _____ 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: _____ 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 (please circle). 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: \$250 / \$500 / Other _____ *All Perils*: \$500 / \$250 / Other _____

Does the vehicle have any current physical damage: Y/N

If so, please provide full details: _____

Vehicle Information #2

Year: _____ Make: _____ Model: _____

VIN #: _____ Use: Pleasure / Commute / Business

Is the vehicle new or used (please circle). 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 any lien holder or lessor: _____

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

Coverage Type: *Collision Deductible*: \$500 / \$1000 / Other _____

Comprehensive: \$250 / \$500 / Other _____ *All Perils*: \$500 / \$250 / Other _____

Does the vehicle have any current physical damage: Y/ N

If so, please provide full details: _____

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

***If you are coming from another province or territory or from the USA, 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.**

15 August 2023