



Applicant Information	
Name	
Mailing Address	
Email Address	
Home phone	
Cell Phone	

Driver Information							
	Name	License #	Date of Birth (yyyy/mm/dd)	Occupation	Married (Y/N)	Years licensed in Canada	Business Use (y/n)
1							
2							
3							

Vehicle Information							
Car #	Year	Make	Model	Purchased New or Used	VIN	Lien (Y/N)	Principal Driver #
1							
2							
3							

Coverages Required							
Car #	Third Party Liability	Accident Benefits (Y/N)	Loss of Use (Y/N)	Family Protection (Y/N)	Depreciation Waiver (Y/N)	Comprehensive Deductible	Collision Deductible
1							
2							
3							

Underwriting Information	
How many years of continuous insurance have you had?	
Have you ever had previous insurance cancelled?	
What is the number of vehicles in your household?	
What is the number of drivers in your household?	
If vehicle is operated in a different region than the Mailing Address, please specify?(Avalon/Labrador/Other)	Vehicle 1: Vehicle 2: Vehicle 3:
Who was your most recent insurer? Include policy number	
Have you been licensed outside of NL in the past 6 years? Include license #	
List dates of any accidents in the last 9 years	
List suspensions(dates and reasons) in the last 6 years	
List all convictions(dates and reason) in the past 6 years	