



\*Please note...Auto insurance quotes are only applicable/available to Ontario drivers.  
 Once you have printed this form and entered your details, please mail it to:  
 KW Insurance Brokers, 501 Krug Street, Kitchener, ON N2B 1L3  
 or if you prefer by fax: (519) 744-7664.

**Contact Information:**

**Name:** \_\_\_\_\_ **Telephone:** (H) \_\_\_\_\_ (W) \_\_\_\_\_  
**Street:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**City:** \_\_\_\_\_ ON  
**Postal Code:** \_\_\_\_\_

**Drivers:**

**Number of drivers in the household:** \_\_\_\_ \*Including occasional under age 25 drivers

**Driver 1**

**Name:** \_\_\_\_\_ **Telephone:** (H) \_\_\_\_\_ (W) \_\_\_\_\_  
**Status:**  Single  Married  
 Living Common Law for \_\_\_\_ years  
**Date of Birth:** (dd/mm/yy) \_\_\_\_\_  
**Date Licenced:** (dd/mm/yy) \_\_\_\_\_  
**Gender:**  Male  Female  
**Primary Driver of Vehicle:**  1  2  3  
**Retired:**  Yes  No  
**Licence Category:** \*Date acquired (dd/mm/yy)  
 G1 \_\_\_\_\_  G2 \_\_\_\_\_  Full G \_\_\_\_\_  
**Driver Training Certificate:**  Yes  No

**Tickets/Violations:** \*If more than 3 tickets, please contact the office

**Date of 1<sup>st</sup>:** (dd/mm/yy) \_\_\_\_\_ **Type:** \_\_\_\_\_  
**Date of 2<sup>nd</sup>:** (dd/mm/yy) \_\_\_\_\_ **Type:** \_\_\_\_\_  
**Date of 3<sup>rd</sup>:** (dd/mm/yy) \_\_\_\_\_ **Type:** \_\_\_\_\_

**Claims:** \*If more than 2 claims, please contact the office

**Most Recent:** (dd/mm/yy) \_\_\_\_\_ **At Fault:**  Yes  No  
**Date of 2<sup>nd</sup>:** (dd/mm/yy) \_\_\_\_\_ **At Fault:**  Yes  No

**Driver 2:**

**Name:** \_\_\_\_\_ **Telephone:** (H) \_\_\_\_\_ (W) \_\_\_\_\_  
**Status:**  Single  Married  
 Living Common Law for \_\_\_\_ years  
**Date of Birth:** (dd/mm/yy) \_\_\_\_\_  
**Date Licenced:** (dd/mm/yy) \_\_\_\_\_  
**Gender:**  Male  Female  
**Primary Driver of Vehicle:**  1  2  3  
**Retired:**  Yes  No  
**Licence Category:** \*Date acquired (dd/mm/yy)  
 G1 \_\_\_\_\_  G2 \_\_\_\_\_  Full G \_\_\_\_\_  
**Driver Training Certificate:**  Yes  No

**Tickets/Violations:** \*If more than 3 tickets, please contact the office

**Date of 1<sup>st</sup>:** (dd/mm/yy) \_\_\_\_\_ **Type:** \_\_\_\_\_  
**Date of 2<sup>nd</sup>:** (dd/mm/yy) \_\_\_\_\_ **Type:** \_\_\_\_\_  
**Date of 3<sup>rd</sup>:** (dd/mm/yy) \_\_\_\_\_ **Type:** \_\_\_\_\_

**Claims:** \*If more than 2 claims, please contact the office

**Most Recent:** (dd/mm/yy) \_\_\_\_\_ **At Fault:**  Yes  No  
**Date of 2<sup>nd</sup>:** (dd/mm/yy) \_\_\_\_\_ **At Fault:**  Yes  No

**Driver 3:**

**Name:** \_\_\_\_\_ **Telephone:** (H) \_\_\_\_\_ (W) \_\_\_\_\_  
**Status:**  Single  Married  
 Living Common Law for \_\_\_\_ years  
**Date of Birth:** (dd/mm/yy) \_\_\_\_\_  
**Date Licenced:** (dd/mm/yy) \_\_\_\_\_  
**Gender:**  Male  Female  
**Primary Driver of Vehicle:**  1  2  3  
**Retired:**  Yes  No  
**Licence Category:** \*Date acquired (dd/mm/yy)  
 G1 \_\_\_\_\_  G2 \_\_\_\_\_  Full G \_\_\_\_\_  
**Driver Training Certificate:**  Yes  No

**Tickets/Violations:** \*If more than 3 tickets, please contact the office

**Date of 1<sup>st</sup>:** (dd/mm/yy) \_\_\_\_\_ **Type:** \_\_\_\_\_  
**Date of 2<sup>nd</sup>:** (dd/mm/yy) \_\_\_\_\_ **Type:** \_\_\_\_\_  
**Date of 3<sup>rd</sup>:** (dd/mm/yy) \_\_\_\_\_ **Type:** \_\_\_\_\_

**Claims:** \*If more than 2 claims, please contact the office

**Most Recent:** (dd/mm/yy) \_\_\_\_\_ **At Fault:**  Yes  No  
**Date of 2<sup>nd</sup>:** (dd/mm/yy) \_\_\_\_\_ **At Fault:**  Yes  No

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**Insurance:**

**Do you presently have insurance?**

Yes\* No\*\*

\*If yes, please enter the name of present insurance company below:

\_\_\_\_\_

**Expiry Date:** (dd/mm/yy) \_\_\_\_\_

**Number of Years:** \_\_\_\_\_

\*\* If you selected 'No' above, please enter the previous insurance information on which you were listed as a driver below:

Previous Insurance Company Name: \_\_\_\_\_

**Policy Number:**

**Expiry Date:** (dd/mm/yy) \_\_\_\_\_

If required later in the processing of your quote we will contact you for this.

**Number of Years:** \_\_\_\_\_

**Have you had your automobile coverage cancelled in the last 3 years due to lack of payment?**

Yes\* No \*If yes, \_\_\_\_\_ times.

**Vehicles:**

**Is there more than one vehicle in the household?** Yes No

**Vehicle 1**

If applicable, KM driven to work/school ONE way: 0 1-5 6-10 11-16 17-24 25-30 31+

Is this vehicle used for business?: Yes No

**Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Loss of Use:** Yes No

**Liability:** 1,000,000 2,000,000

**Collision Deductible:** \$500 \$750 \$1,000 No Coverage

**Comprehensive Deductible:** \$300 \$500 \$750 No Coverage

**All Perils Deductible:** \$500 \$750 \$1,000 No Coverage

**Insurance on the vehicle:** No

**Vehicle 2**

If applicable, KM driven to work/school ONE way: 0 1-5 6-10 11-16 17-24 25-30 31+

Is this vehicle used for business?: Yes No

**Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Loss of Use:** Yes No

**Liability:** 1,000,000 2,000,000

**Collision Deductible:** \$500 \$750 \$1,000 No Coverage

**Comprehensive Deductible:** \$300 \$500 \$750 No Coverage

**All Perils Deductible:** \$500 \$750 \$1,000 No Coverage

**Insurance on the vehicle:** No

**Vehicle 3**

If applicable, KM driven to work/school ONE way: 0 1-5 6-10 11-16 17-24 25-30 31+

Is this vehicle used for business?: Yes No

**Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Loss of Use:** Yes No

**Liability:** 1,000,000 2,000,000

**Collision Deductible:** \$500 \$750 \$1,000 No Coverage

**Comprehensive Deductible:** \$300 \$500 \$750 No Coverage

**All Perils Deductible:** \$500 \$750 \$1,000 No Coverage

**Insurance on the vehicle:** No

**Additional Information:**