



# Leslie & Giles Insurance Limited

## Request for Automobile Insurance

Name: \_\_\_\_\_ Home #: \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Gender:  Male  Female Married:  Yes  No

Are you currently insured  Yes  No If yes, how many continuous years have you been insured: \_\_\_\_\_

Name of Current Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Expiry Date of Current Insurance: \_\_\_\_\_

Has any insurer cancelled or refused to issue insurance to the owner or any operator?  Yes  No

If yes, why: \_\_\_\_\_

License suspended/lapsed in the last 9 years  Yes  No

If yes; Effective: \_\_\_\_\_ Reinstated: \_\_\_\_\_ Indicate which operator(s): \_\_\_\_\_

Please List all Drivers in Household (**including yourself**):

Drivers' Name & License Number	Drivers' Date of Birth day/month/year	Date G1 license obtained day/month/year	Date G2 license obtained day/month/year	Date G license obtained day/month/year	Cancelled due to non-payment?
					<input type="checkbox"/> Yes
		Drivers Training: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes; date completed: _____			<input type="checkbox"/> No
					<input type="checkbox"/> Yes
		Drivers Training: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes; date completed: _____			<input type="checkbox"/> No
					<input type="checkbox"/> Yes
		Drivers Training: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes; date completed: _____			<input type="checkbox"/> No
					<input type="checkbox"/> Yes
		Drivers Training: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes; date completed: _____			<input type="checkbox"/> No
					<input type="checkbox"/> Yes
		Drivers Training: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes; date completed: _____			<input type="checkbox"/> No

**Accident Information:** Please give details of all accidents and claims paid or outstanding from the use or ownership of any vehicle

Date: \_\_\_\_\_ Details: \_\_\_\_\_ Driver: \_\_\_\_\_

Date: \_\_\_\_\_ Details: \_\_\_\_\_ Driver: \_\_\_\_\_

Date: \_\_\_\_\_ Details: \_\_\_\_\_ Driver: \_\_\_\_\_

**Convictions:** Please give details of **all convictions** arising from the operation of any vehicle

Date: \_\_\_\_\_ Type of Conviction: \_\_\_\_\_ Driver: \_\_\_\_\_

Date: \_\_\_\_\_ Type of Conviction: \_\_\_\_\_ Driver: \_\_\_\_\_

Date: \_\_\_\_\_ Type of Conviction: \_\_\_\_\_ Driver: \_\_\_\_\_

Date: \_\_\_\_\_ Type of Conviction: \_\_\_\_\_ Driver: \_\_\_\_\_

**Vehicle Details:**

Year, Make, Model	Purchase Date day/month/year	V.I.N	Has this vehicle been customized?		Commuting	Principal Driver's Name
			YES	NO		
			YES		Commute to work : _____ km Annual km driven yearly: _____ km	
			NO			
			YES		Commute to work : _____ km Annual km driven yearly: _____ km	
			NO			
			YES		Commute to work : _____ km Annual km driven yearly: _____ km	
			NO			

**Coverage's Requested:**

Liability Limit: \$2,000,000

Collision Deductible:  None  \$500  \$1,000  Other: \_\_\_\_\_

Comprehensive Deductible:  None  \$500  \$1,000  Other: \_\_\_\_\_

OPCF 20/27 (Loss of Use):  Yes  No

**The information given on this request is correct to the best of my knowledge.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**The estimated premium (quotation) is based on the information you have provided.**