# LESLIE & GILES
## INSURANCE LIMITED

## Request for Automobile Insurance Quote

Name: _____ Home #: _____

Address: _____ Cell #: _____

City: _____ Postal Code: _____

Gender: ☐ Male ☐ Female                     Married: ☐ Yes ☐ No

Are you currently insured: ☐ Yes ☐ No
If yes, please indicate # of 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 DD/MM/YYYY | Date G1 license obtained DD/MM/YYYY | Date G2 license obtained DD/MM/YYYY | Date G license obtained DD/MM/YYYY | Cancelled due to non-payment? |
|---|---|---|---|---|---|
| | | | | | ☐ Yes |
| | | Drivers Training: ☐ No ☐ Yes - date completed: _____ | | | ☐ No |
| | | | | | ☐ Yes |
| | | Drivers Training: ☐ No ☐ Yes - date completed: _____ | | | ☐ No |
| | | | | | ☐ Yes |
| | | Drivers Training: ☐ No ☐ Yes - date completed: _____ | | | ☐ No |
| | | | | | ☐ Yes |
| | | Drivers Training: ☐ No ☐ Yes - date completed: _____ | | | ☐ No |
| | | | | | ☐ Yes |
| | | Drivers Training: ☐ No ☐ Yes - date completed: _____ | | | ☐ 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 DD/MM/YYYY | V.I.N | Customized | Winter Tires | Commuting |
|---|---|---|---|---|---|
| | | | ☐ Yes ☐ No | ☐ Yes ☐ No | Commute to work: _____km Annual km driven: _____km |
| | | | ☐ Yes ☐ No | ☐ Yes ☐ No | Commute to work: _____km Annual km driven: _____km |
| | | | ☐ Yes ☐ No | ☐ Yes ☐ No | Commute to work: _____km Annual km driven: _____km |

**Coverage's Requested:**

Liability Limit:  $2,000,000

Collision Deductible:        ☐ None    ☐ $500    ☐ $1,000    ☐ Other: _____

Comprehensive Deductible:    ☐ None    ☐ $500    ☐ $1,000    ☐ Other: _____

All Perils:                            ☐ $500    ☐ $1,000

OPCF 20/27 (Rent a Vehicle):  ☐ 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.**