

# AUTO QUOTE

# ROBERTSON HALL INSURANCE

431 Richmond St., Suite 300, London, ON N6A 6E2  
519-680-3111 | 800-640-0933 | Fax 519-685-2931  
www.robertsonhall.com

GROUP/ASSOCIATION:			MEMBERSHIP #:		EMPLOYER:		HOME / AUTO DISCOUNT: <input type="checkbox"/> YES <input type="checkbox"/> NO		
MEMBER NAME:					EMAIL:				
ADDRESS:				CITY:		POSTAL CODE:			
HOME TEL:			WORK TEL:			CELL:			
CURRENTLY INSURED:		YES <input type="checkbox"/>	AT LEAST 12 MONTHS YES <input type="checkbox"/>		CURRENT INSURER:		EXPIRY DATE:		
		NO <input type="checkbox"/>	PRIOR INSURANCE: NO <input type="checkbox"/>						
DRIVER #1			CAR #1			COVERAGE #1			
FULL NAME:			YEAR / MAKE / MODEL:			LIABILITY			
GENDER:		BIRTHDAY: (MM/DD/YYYY)	SERIAL NUMBER / VIN:			<input type="checkbox"/> \$1 MILLION			
							<input type="checkbox"/> \$2 MILLION		
MARITAL STATUS:		DRIVER'S LICENSE #:	IS THE VEHICLE: OWNED <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED <input type="checkbox"/>			COLLISION DEDUCTIBLE			
				DATE PURCHASED: (MM/DD/YYYY)			<input type="checkbox"/> \$500		
DATE OF: G1 (MM/DD/YYYY)	G2 (MM/DD/YYYY)	G (MM/DD/YYYY)	CONDITION AT TIME OF PURCHASE:		KM'S AT TIME OF PURCHASE:		<input type="checkbox"/> \$1000		
			NEW <input type="checkbox"/> USED <input type="checkbox"/>						
# OF TICKETS / CONVICTIONS IN THE LAST 3 YEARS:			ANNUAL KM'S DRIVEN: (KM/YR)		DISTANCE ONE WAY TO WORK: (KM)		COMPREHENSIVE DEDUCTIBLE		
DATE(S): (MM/DD/YYYY)							<input type="checkbox"/> \$300		
# OF AUTO CLAIMS YOU MADE DUE TO MOTOR VEHICLE ACCIDENT IN THE PAST:			BUSINESS USE: (KM/YR)		CARRY PASSENGERS FOR YES <input type="checkbox"/>		<input type="checkbox"/> \$500		
10 YRS DATE(S): (MM/DD/YYYY)	6 YRS DATE(S): (MM/DD/YYYY)				BUSINESS/WORK: NO <input type="checkbox"/>		<input type="checkbox"/> \$1000		
DRIVER #2			CAR #2			COVERAGE #2			
FULL NAME:			YEAR / MAKE / MODEL:			LIABILITY			
GENDER:		BIRTHDAY: (MM/DD/YYYY)	SERIAL NUMBER / VIN:			<input type="checkbox"/> \$1 MILLION			
							<input type="checkbox"/> \$2 MILLION		
MARITAL STATUS:		DRIVER'S LICENSE #:	IS THE VEHICLE: OWNED <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED <input type="checkbox"/>			COLLISION DEDUCTIBLE			
				DATE PURCHASED: (MM/DD/YYYY)			<input type="checkbox"/> \$500		
DATE OF: G1 (MM/DD/YYYY)	G2 (MM/DD/YYYY)	G (MM/DD/YYYY)	CONDITION AT TIME OF PURCHASE:		KM'S AT TIME OF PURCHASE:		<input type="checkbox"/> \$1000		
			NEW <input type="checkbox"/> USED <input type="checkbox"/>						
# OF TICKETS / CONVICTIONS IN THE LAST 3 YEARS:			ANNUAL KM'S DRIVEN: (KM/YR)		DISTANCE ONE WAY TO WORK: (KM)		COMPREHENSIVE DEDUCTIBLE		
DATE(S): (MM/DD/YYYY)							<input type="checkbox"/> \$300		
# OF AUTO CLAIMS YOU MADE DUE TO MOTOR VEHICLE ACCIDENT IN THE PAST:			BUSINESS USE: (KM/YR)		CARRY PASSENGERS FOR YES <input type="checkbox"/>		<input type="checkbox"/> \$500		
10 YRS DATE(S): (MM/DD/YYYY)	6 YRS DATE(S): (MM/DD/YYYY)				BUSINESS/WORK: NO <input type="checkbox"/>		<input type="checkbox"/> \$1000		
DRIVER #3			CAR #3			COVERAGE #3			
FULL NAME:			YEAR / MAKE / MODEL:			LIABILITY			
GENDER:		BIRTHDAY: (MM/DD/YYYY)	SERIAL NUMBER / VIN:			<input type="checkbox"/> \$1 MILLION			
							<input type="checkbox"/> \$2 MILLION		
MARITAL STATUS:		DRIVER'S LICENSE #:	IS THE VEHICLE: OWNED <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED <input type="checkbox"/>			COLLISION DEDUCTIBLE			
				DATE PURCHASED: (MM/DD/YYYY)			<input type="checkbox"/> \$500		
DATE OF: G1 (MM/DD/YYYY)	G2 (MM/DD/YYYY)	G (MM/DD/YYYY)	CONDITION AT TIME OF PURCHASE:		KM'S AT TIME OF PURCHASE:		<input type="checkbox"/> \$1000		
			NEW <input type="checkbox"/> USED <input type="checkbox"/>						
# OF TICKETS / CONVICTIONS IN THE LAST 3 YEARS:			ANNUAL KM'S DRIVEN: (KM/YR)		DISTANCE ONE WAY TO WORK: (KM)		COMPREHENSIVE DEDUCTIBLE		
DATE(S): (MM/DD/YYYY)							<input type="checkbox"/> \$300		
# OF AUTO CLAIMS YOU MADE DUE TO MOTOR VEHICLE ACCIDENT IN THE PAST:			BUSINESS USE: (KM/YR)		CARRY PASSENGERS FOR YES <input type="checkbox"/>		<input type="checkbox"/> \$500		
10 YRS DATE(S): (MM/DD/YYYY)	6 YRS DATE(S): (MM/DD/YYYY)				BUSINESS/WORK: NO <input type="checkbox"/>		<input type="checkbox"/> \$1000		

Thank you for completing the quote form

Please **save the form** and email it back to our office at: [group@robertsonhall.com](mailto:group@robertsonhall.com) or click here

