



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

GROUP/ASSOCIATION:			MEMBERS	MEMBERSHIP #:			EMPLOYER:				HOME / AUTO DISCOUNT:  YES NO	
MEMBER NAME:	EMAIL			:								
ADDRESS:	CITY: POSTAL					CODE:						
HOME TEL: WORK TEL:				CELL:								
CURRENTLY INSURED:  YES  AT LEAST 1 NO  PRIOR INSU				2 MONTHS YES  CURRENT INSURER: RANCE: NO						EXPIRY DATE:		
DRIVER #1	CAR #1						COVER	AGE #1				
FULL NAME:	YEAR / MAKE / MODEL:						LIABILITY					
										☐ \$1 MILLION		
GENDER: BIRTHDAY: (MM/DD/YYYY)				SERIAL NUMBER / VIN:						1 —		
										\$2	MILLION	
MARITAL STATUS: DRIVER'S LICENSE #:				IS THE VEHICLE: OWNED LEASED FINANCED DATE PURCHASED:						COLLISION DEDUCTIBLE		
DATE OF: G1 (MM/DD/YYYY) G2 (MM/DD/YYYY) G (MM/DD/YYYY)				DATE PURCHASED: (MM/DD/YYYY)  CONDITION AT TIME OF PURCHASE: KM'S AT TIME OF PURCHASE:						\$500		
,		(WIW/DD/TTTT)			NEW USED USED			KWI S AT THINE OF T ORIGINALE.			\$1000	
# OF TICKETS / CONVICTIONS IN THE LAST 3 YEARS:				ANNUAL KM'S	: (KM/YR)	KM/YR) DISTANCE ONE WAY TO WORK: (KM)			COMPREHENSIVE DEDUCTIBLE			
DATE(S): (MM/DD/YYYY)									\$30			
# 0F AUTO CLAIMS YOU MADE DUE TO MOTOR VEHICLE ACCIDENT IN THE PAST: 10 YRS DATE(S): (MM/DD/YYYY)				BUSINESS US	)	CARRY PASSENGERS FOR YES						
6 YRS DATE(S): (MM/DD/YYYY)					BUSINESS/WOF			SS/WORK:	NO 🔲	\$10	000	
DRIVER #2	CAR #2						COVER	AGE #2				
FULL NAME:				YEAR / MAKE / MODEL:						LIABILI	TY	
										□ \$1	MILLION	
GENDER: BIRTHDAY: (MM/DD/YYYY)				SERIAL NUMBER / VIN:							MILLION	
MARITAL STATUS: DRIVER'S LICENSE #:				IS THE VEHICLE: OWNED LEASED FINANCED						001110	NON DEDUCTION E	
				DATE PURCHASED: (MM/DD/YYYY)							SION DEDUCTIBLE	
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:						\$50	00	
57112 GTT GTT (IIIIII) 5571111)	NEW USED U									<b>\$</b> 1000		
# OF TICKETS / CONVICTIONS I	ANNUAL KM'S DRIVEN: (KM/YR) DISTANCE ONE WAY TO WORK: (KM)						COMD	REHENSIVE DEDUCTIBLE				
DATE(S): (MM/DD/YYYY)				ANNOAL KW 3	DITIVE	i. (NIVI/TN)	DISTANC	DE ONE WAT TO W	OTTAL (KIVI)	\$30		
# OF AUTO CLAIMS YOU MADE DUE TO MOTOR VEHICLE ACCIDENT IN THE PAST:				BUSINESS US	BUSINESS USE: (KM/YR) CARRY PASSENGERS FOR YI							
10 YRS DATE(S): (MM/DD/YYYY)				DUONIEGO MAGRIA						\$10		
6 YRS DATE(S): (MM/DD/YYYY) DRIVER #3				CAR #3						COVER		
FULL NAME:				YEAR / MAKE / MODEL:								
I OLL IVAIVIL.				ILAN / WANL /	WIODL	L.				LIABILI		
GENDER: BIRTHDAY: (MM/DD/YYYY)				SERIAL NUMBER / VIN:						\$1	MILLION	
, in the second				OLITAL NOMBER / VIIV.						\$2	MILLION	
MARITAL STATUS: DRIVER'S LICENSE #:				IS THE VEHICLE: OWNED LEASED FINANCED DATE PURCHASED: (MM/DD/YYYY)						' '	SION DEDUCTIBLE	
DATE OF: G1 (MM/DD/YYYY)	G2 (MM/DD/YYYY)	G (MM/DE	D/YYYY)	CONDITION AT		F PURCHA	SE: KM'	S AT TIME OF PU		\$50	JU	
,	,		,	NEW 🔲	USE					\$10	000	
# OF TICKETS / CONVICTIONS I	ANNUAL KM'S DRIVEN: (KM/YR) DISTANCE ONE WAY TO WORK: (KI				/ORK: (KM)	COMP	REHENSIVE DEDUCTIBLE					
DATE(S): (MM/DD/YYYY)						\$300						
# 0F AUTO CLAIMS YOU MADE DUE TO MOTOR VEHICLE ACCIDENT IN THE PAST: 10 YRS DATE(S): (MM/DD/YYYY)				BUSINESS USE: (KM/YR)			CARRY PASSENGERS FOR YES			\$50		
I TO THO DATE(O).		BUSINESS/WORK: NO					\$10					

