

# ROBERTSON HALL

395 Wellington Rd South, London, ON, N6C 5Z6  
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**Please Tab through all the fields and complete as it applies to you**

## **AUTOMOBILE INFORMATION for QUOTATION**

**GROUP MEMBER:**  **Membership #**  (For OASW & OMTA members only)

**\*\*Note-Insurance policy should read in the name/s of the  
Registered owner/s of the vehicle/s insured**

**NAME:**  **Email:**

**Address:**  **Home Tel#:**

**City:**  **Postal Code:**  **Work Tel#**

**Name of Employer:**  **Occupation:**

**Have you ever been listed on a policy as principal or occasional driver? Y/N**

**Currently Insured Y/N:**  **At least 12 months of prior Insurance Y/N:**   
**Expiry Date:**

**Name of present Insurer:**  **Policy #**

**Name-Driver #1**  **Ontario License #**

**>Indicate month & year for each licensed passed: G1:**  **G2:**  **G:**

**Driver Education completed Y/N:**  (copy of DT certificate required if less than 3 yrs ago)

**D.O.B:**  **Date first licensed in Canada:**  **Elsewhere:**  **Where:**

**VEH #1: Year**  **Make**  **Model**  **Serial#**

**>USE OF VEHICLE-please circle: Pleasure:**  **Driven to Work:**  **Business:**

**Note: Indicate annual km driven**

**Indicate distance one way**

**Indicate type of use (sales, client visits, etc.)**  **Annual km for business**

**COVERAGE: please circle the preferred coverage or deductible**

<b>Liability Limit</b>	<b>\$1 million</b> <input type="text"/>	<b>\$2 million</b> <input type="text"/>		
<b>Collision</b>	<b>\$500</b> <input type="text"/>	<b>\$1000</b> <input type="text"/>	<b>\$2500</b> <input type="text"/>	<b>\$5000</b> <input type="text"/>
<b>Comprehensive</b>	<b>\$300</b> <input type="text"/>	<b>\$500</b> <input type="text"/>	<b>\$1000</b> <input type="text"/>	<b>\$2500</b> <input type="text"/>

**Note-Direct compensation, Accident Benefits, Uninsured motorist coverage are mandatory and are automatically included.**

**OPTIONAL COVERAGE: please circle, if desired**

☐ **OPCF27- Liability coverage for non owned vehicle (ie. Rental vehicle)**  
☐ **OPCF20- Loss of use coverage to rent a vehicle following an accident**

☐ Claim Protector- No change in rating if an at Fault accident occurs for designated driver  
☐ Waiver of Depreciation- Applicable for 24 months after NEW vehicle purchase or Lease

Name-Driver #2  Ontario License #

>Indicate month & year for each licensed passed: G1:  G2:  G:   
Driver Education completed Y/N:  (copy of DT certificate required if less than 3 yrs ago)  
D.O.B:  Date first licensed in Canada:  Elsewhere:  Where:

VEH #2: Year  Make  Model  Serial#   
>USE OF VEHICLE-please check: Pleasure ☐ Driven to Work ☐ Business ☐  
Note: Indicate annual km driven   
Indicate distance one way   
Indicate type of use (sales, client visits, etc.)  Annual km for business

COVERAGE: please circle the preferred coverage or deductible

Liability Limit	\$1 million <input type="checkbox"/>	\$2 million <input type="checkbox"/>		
Collision	\$500 <input type="checkbox"/>	\$1000 <input type="checkbox"/>	\$2500 <input type="checkbox"/>	\$5000 <input type="checkbox"/>
Comprehensive	\$300 <input type="checkbox"/>	\$500 <input type="checkbox"/>	\$1000 <input type="checkbox"/>	\$2500 <input type="checkbox"/>

Note-Direct compensation, Accident Benefits, Uninsured motorist coverage are mandatory and are automatically included.

OPTIONAL COVERAGE: please circle, if desired

☐ OPCF27- Liability coverage for non owned vehicle (ie. Rental vehicle)  
☐ OPCF20- Loss of use coverage to rent a vehicle following an accident  
☐ Claim Protector- No change in rating if an at Fault accident occurs for designated driver  
☐ Waiver of Depreciation- Applicable for 24 months after NEW vehicle purchase or Lease

Name-Driver #3  Ontario License #

>Indicate month & year for each licensed passed: G1:  G2:  G:   
Driver Education completed Y/N:  (copy of DT certificate required if less than 3 yrs ago)  
D.O.B  Date first licensed in Canada:  Elsewhere:  Where:

VEH #3: Year  Make  Model  Serial#   
>USE OF VEHICLE-please circle: Pleasure ☐ Driven to Work ☐ Business ☐  
Note: Indicate annual km driven   
Indicate distance one way   
Indicate type of use (sales, client visits, etc.)  Annual km for business

COVERAGE: please circle the preferred coverage or deductible

Liability Limit	\$1 million <input type="checkbox"/>	\$2 million <input type="checkbox"/>		
Collision	\$500 <input type="checkbox"/>	\$1000 <input type="checkbox"/>	\$2500 <input type="checkbox"/>	\$5000 <input type="checkbox"/>
Comprehensive	\$300 <input type="checkbox"/>	\$500 <input type="checkbox"/>	\$1000 <input type="checkbox"/>	\$2500 <input type="checkbox"/>

Note-Direct compensation, Accident Benefits, Uninsured motorist coverage are mandatory and are automatically included.

OPTIONAL COVERAGE: please circle, if desired

☐ OPCF27- Liability coverage for non owned vehicle (i.e. Rental vehicle)  
☐ OPCF20- Loss of use coverage to rent a vehicle following an accident  
☐ Claim Protector- No change in rating if an at Fault accident occurs for designated driver  
☐ Waiver of Depreciation- Applicable for 24 months after NEW vehicle purchase or Lease

**Convictions (last 3 years): i.e. Speeding, seatbelt, fail to yield, etc- list date/s and conviction**

**Driver 1:**

**Driver 2:**

**Driver 3:**

**Others:**

**License suspended or cancelled- provide driver #- date and particulars:**

**Cancelled for Non-payment during last 3 years: Yes ☐ No ☐**

**> If yes, please provide date of cancellation:**

**Policy cancelled for any other reason- please provide date and reason for cancellation:**

**Claims- provide dates and details of any Claim/Accident (last 6 years) including if at fault – OR - not at fault:**

**SPECIAL NOTES:**