VB INSURANCE BROKERS LTD
PERSONAL AUTO QUOTE COLLECTION FORM

EMAIL : VBINS@VBINS.AB.CA
PHONE: 780 645 4449

Name	
Mailing Address	
House Address	
Have you lived at this address more than 3 years	
Prior address if less than three years:	
Permission for soft credit check	
Email	
Phone Number	
Occupation	
Employer	
**PHOTOCOPY OF DRIVERS LICENSE	
Date of Birth	
Marital Status	
License Number	
Class of License	
Date first Licensed	
Driver education completed - What date	
First Listed on Insurance	
Any time without coverage	
Current Insurance company	
Any cancellations for non payment in the past 3 years.	
Any tickets in the past 4 years - list date and type	
Any accidents in the past 10 years: - List date and type	
Any other vehicles In household?	
Any other drivers in household? All information required.	
Any children in household or non licensed occupants?	
Where is Property Insurance -(multiproduct discount)	
	COMPLETE BACK OF FORM

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**PHOTOCOPY OF REGISTRATION OR BILL OF SALE	
Vehicle Information	
Year	
Make	
Model	
Vehicle Identification Number	
Purchased Date	
New or Used	
Purchase Price	
Any modifications, customization or special paint finishes	
Winter tires	
Any financing? Company Name	
Type of Use: Pleasure only - Commute- Business Use	
Commute distance to work or school	
Annual Kilometers	
Type of Coverage Required	
Liability Limit 1 Million or 2 million	
Direct Compensation Property Damage	
Accident Benefits	
SEF 44 - Family Protection	
Collision with a $500 - $1,000 or $1500 deductible	
Comprehensive with a $500 - $1,000 or $1500 deductible	
SEF 13D Limited Glass Coverage	
*Glass coverage can be purchased separately through AMI if required	
SEF 20 – Loss of use Coverage	
SEF 27 – Non owned Auto coverage	
SEF 43R – Waiver depreciation (only on new vehicles)	
SEF 39 - Accident rating Waiver endorsement – (if available)	
**Pet Accident Endorsement - Exclusive to Wawanesa	