AUTO INSURANCE QUOTE QUESTIONNAIRE

Applicant information and current insurance

FORSTAR INSURANCE BROKERS

Anthony Care, RIB

416-559-4156 | anthony@forstar.ca

Please complete this form as accurately as possible. Your quotation will be based on the information you provide. If any information changes before coverage is bound, please tell Anthony so the quotation can be updated.

1. APPLICANT & CONTACT INFORMATION

APPLICANT 1

First name | Middle name / initial | Last name

Email address | Mobile telephone | Alternate telephone

JOINT APPLICANT (IF APPLICABLE)

First name | Middle name / initial | Last name

Email address | Mobile telephone

Home / mailing address (street, unit, city, province, postal code)

Preferred contact method: Select...

When do you need coverage?

How did you hear about me?

2. CURRENT INSURANCE & INSURANCE HISTORY

Current insurance company | Policy number

Policy expiry / renewal date | Years continuously insured

Current liability limit (if known) | Current collision / comprehensive deductibles (if known)

Any lapse, cancellation for non-payment, refusal, or policy cancellation in the past 3 years?

Select...

Shopping before renewal?

Select...

If yes, why are you looking to move now?

Do you have a copy of your current policy or renewal to attach?

Select...

This questionnaire is a request for quotation only. Completing it does not bind or change insurance coverage.

AUTO INSURANCE QUOTE QUESTIONNAIRE

Vehicle information

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3. VEHICLE INFORMATION

Primary garaging address if different from the mailing address above

VEHICLE 1

Vehicle Identification Number (VIN) | Year | Make | Model / Trim

Registered owner | Purchase date | New / Used | Ownership | Winter tires | Lender / lessor

New / Used: Select... | Ownership: Select... | Winter tires: Select...

VEHICLE 2

Vehicle Identification Number (VIN) | Year | Make | Model / Trim

Registered owner | Purchase date | New / Used | Ownership | Winter tires | Lender / lessor

New / Used: Select... | Ownership: Select... | Winter tires: Select...

VEHICLE 3

Vehicle Identification Number (VIN) | Year | Make | Model / Trim

Registered owner | Purchase date | New / Used | Ownership | Winter tires | Lender / lessor

New / Used: Select... | Ownership: Select... | Winter tires: Select...

VEHICLE 4

Vehicle Identification Number (VIN) | Year | Make | Model / Trim

Registered owner | Purchase date | New / Used | Ownership | Winter tires | Lender / lessor

New / Used: Select... | Ownership: Select... | Winter tires: Select...

If you have more than four vehicles, list the additional vehicles in the comments section on page 6.

AUTO INSURANCE QUOTE QUESTIONNAIRE

Vehicle usage

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4. VEHICLE USAGE

VEHICLE 1 - USE

Annual kilometres	One-way commute km	Commute days/week	Primary use	Principal driver
			Select...	

Special use	Overnight parking	Modifications / equipment	Business / delivery details
Select...			

VEHICLE 2 - USE

Annual kilometres	One-way commute km	Commute days/week	Primary use	Principal driver
			Select...	

Special use	Overnight parking	Modifications / equipment	Business / delivery details
Select...			

VEHICLE 3 - USE

Annual kilometres	One-way commute km	Commute days/week	Primary use	Principal driver
			Select...	

Special use	Overnight parking	Modifications / equipment	Business / delivery details
Select...			

VEHICLE 4 - USE

Annual kilometres	One-way commute km	Commute days/week	Primary use	Principal driver
			Select...	

Special use	Overnight parking	Modifications / equipment	Business / delivery details
Select...			

For business, delivery, or rideshare use, include the type of work and approximate percentage of use.

AUTO INSURANCE QUOTE QUESTIONNAIRE

Driver information

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5. DRIVER INFORMATION - LIST ALL LICENSED DRIVERS IN THE HOUSEHOLD

DRIVER 1

Full legal name | Relationship | Date of birth | Ontario driver's licence no. | Class (Select...)

Date first licensed | G1 date | G2 date | G date | Driver training (Select...) | Marital status (Select...)

Include this driver in quote? (Select...) | Years licensed outside Ontario | Where? (province / state / country)

DRIVER 2

Full legal name | Relationship | Date of birth | Ontario driver's licence no. | Class (Select...)

Date first licensed | G1 date | G2 date | G date | Driver training (Select...) | Marital status (Select...)

Include this driver in quote? (Select...) | Years licensed outside Ontario | Where? (province / state / country)

DRIVER 3

Full legal name | Relationship | Date of birth | Ontario driver's licence no. | Class (Select...)

Date first licensed | G1 date | G2 date | G date | Driver training (Select...) | Marital status (Select...)

Include this driver in quote? (Select...) | Years licensed outside Ontario | Where? (province / state / country)

DRIVER 4

Full legal name | Relationship | Date of birth | Ontario driver's licence no. | Class (Select...)

Date first licensed | G1 date | G2 date | G date | Driver training (Select...) | Marital status (Select...)

Include this driver in quote? (Select...) | Years licensed outside Ontario | Where? (province / state / country)

List every licensed driver in the household, even if a driver is insured elsewhere and does not need to be added to this quote.

AUTO INSURANCE QUOTE QUESTIONNAIRE

Claims, convictions and suspensions

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6. DRIVING HISTORY

Claims / accidents in the past 10 years (include at-fault and not-at-fault losses)

Driver	Date of loss	At fault?	Type of loss	Amount paid	Brief details
		Select...			
		Select...			
		Select...			
		Select...			

Convictions in the past 3 years

Driver	Conviction date	Type of conviction / offence

Licence suspensions in the past 3 years

Driver	Suspension date	Reinstatement date	Reason

Anything else about a driver record that may affect the quote?

AUTO INSURANCE QUOTE QUESTIONNAIRE

Additional underwriting, coverage preferences and comments

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7. ADDITIONAL UNDERWRITING QUESTIONS

Will any vehicle be used for business, deliveries, courier work, food delivery, or ridesharing? Select...

Has any vehicle been materially modified, customized, or altered from factory specifications? Select...

Are there any other licensed or regular drivers who have not been listed on this form? Select...

Has any driver had a licence, conviction, suspension, or insurance policy outside Ontario in the past 3 years? Select...

Is any vehicle owned, leased, or regularly used by a corporation or business? Select...

If you answered YES to any question above, provide details

8. COVERAGE PREFERENCES

Third-party liability limit
Select...

Physical damage
Select...

Deductible preference
Select...

☐ Rental / loss-of-use coverage

☐ Waiver of depreciation (if eligible)

☐ Accident forgiveness

☐ Minor conviction protection

Would you also like a property quote?
Select...

If you are unsure about any coverage choice, leave it blank and Anthony can review appropriate options with you.

9. ADDITIONAL COMMENTS / INFORMATION

AUTO INSURANCE QUOTE QUESTIONNAIRE

Privacy, confirmation and submission

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10. PRIVACY POLICY & CONSENT

As part of my application for insurance, I hereby consent to Forstar Insurance Brokers (the "Broker") collecting, using and disclosing personal information required for purposes of considering my application for new or renewal property/casualty and/or automobile insurance coverage. The Broker is authorized to collect, use, and disclose personal information and provide such personal information to third parties, as required, including insurance companies. The Broker may also be required or permitted to disclose such personal information pursuant to relevant privacy laws or other laws. If I wish to review personal information pertaining to my application or policy maintained by the Broker, obtain copies of the Broker's privacy policies or standards, or make other enquiries or express concerns, I understand that I may do so by contacting the Broker's Privacy Officer.

☐ **I ACCEPT**

11. CONFIRMATION

I confirm that the information provided is accurate to the best of my knowledge. I understand this is a request for a quotation only and does not bind or change insurance coverage. Coverage is effective only after it is confirmed by a licensed broker and insurer.

Applicant name (type your name)

Joint applicant name (if applicable)

Date

Permission to contact

Select...

12. SUBMIT YOUR QUOTE REQUEST

SUBMISSION NOTES

This form can contain sensitive personal information, including dates of birth and driver licence numbers.

Before sending, save a copy of the completed PDF and, if available, attach your current policy or renewal documents.

The email button works best in Adobe Acrobat Reader. Other PDF viewers may block the automatic attachment function.

Click EMAIL COMPLETED FORM to send the completed questionnaire to Anthony at anthony@forstar.ca.

EMAIL COMPLETED FORM

OPEN EMAIL DRAFT (NO ATTACHMENT)

If a button does not work, save this completed PDF and attach it manually to an email.

Draft v4 - website workflow prototype.