

Intact Insurance Company

Automobile Renewal Questionnaire

T			Date	
R	Pe Named Insured(s):		Policy Number Expiry Date:	:
Не	ello,			
To ensure that the policy information is correct and current, we require an information update regularly. Please review the information below with your customer and provide the completed form to us by				
,	Vehicle Information	Veh #1:	Veh #2:	Veh #3:
	venicle information	VIN:	VIN:	VIN:
	How far is the vehicle driven one way to work, school, or public transit station per day?	km per day	km per day	km per day
	2. Total kilometres driven annually?	km per year	km per year	km per year
;	Is the vehicle ever used for business (e.g. sales, consulting, delivery, etc)?	Yes □ No □	Yes □ No □	Yes □ No □
	If yes, describe business use and confirm the percentage used:			
Delay lefa weether		Name:		Name:
	Delega Information		Name:	Maille.
I	Driver Information	Licence #:	Name: Licence #:	Licence #:
	Driver Information 4. Years licensed in Canada:			
_		Licence #:	Licence #:	Licence #:
	4. Years licensed in Canada:	Licence #:	Licence #:	Licence #:
	4. Years licensed in Canada: 5. Licence class: 6. Vehicle usually driven:	Licence #:	Licence #:	Licence #:
	4. Years licensed in Canada: 5. Licence class: 6. Vehicle usually driven: (select vehicle # from above)	Licence #:	Licence #:	Licence #:
	4. Years licensed in Canada: 5. Licence class: 6. Vehicle usually driven: (select vehicle # from above) 7. Occupation:	Licence #:	Licence #:	Licence #:
	4. Years licensed in Canada: 5. Licence class: 6. Vehicle usually driven: (select vehicle # from above) 7. Occupation:	Licence #:	Licence #:	Licence #:
	4. Years licensed in Canada: 5. Licence class: 6. Vehicle usually driven: (select vehicle # from above) 7. Occupation: Name and address of employer: If student, provide the name of	Licence #:	Licence #:	Licence #:
	4. Years licensed in Canada: 5. Licence class: 6. Vehicle usually driven: (select vehicle # from above) 7. Occupation: Name and address of employer: If student, provide the name of the post-secondary institution:	Licence #: years	Licence #: years	Licence #: years
	4. Years licensed in Canada: 5. Licence class: 6. Vehicle usually driven: (select vehicle # from above) 7. Occupation: Name and address of employer: If student, provide the name of the post-secondary institution: 8. Convictions in the last 3 years: If yes, provide details: 9. Licence suspensions in the	Licence #: years _	Licence #: years	Licence #: years Yes □ No □ Date: Speed □ Other □
	4. Years licensed in Canada: 5. Licence class: 6. Vehicle usually driven: (select vehicle # from above) 7. Occupation: Name and address of employer: If student, provide the name of the post-secondary institution: 8. Convictions in the last 3 years: If yes, provide details:	Licence #: years Yes □ No □ Date: Speed □ Other □ Other: From: To:	Licence #: years Yes □ No □ Date: Speed □ Other □ Other:	Yes No Date: Speed Other:

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