



Intact Insurance Company

Coverage Confirmation Form – British Columbia

Customer Information			
1. Name:		2. Policy / Quote Number:	
3. Address:			
4. Effective date:		5. Expiry date:	
Vehicle Information and Use			
6. License Plate #:		7. Year, Make, and Model:	
8. Serial Number (VIN):		9. Principal Operator:	
10. Rate Class:			
11. Leaseholder / Lienholder Name and Address :			
Coverages			
12. Excess Third Party Liability: (In excess of ICBC primary \$200,000 liability)			
13. Collision – Deductible:			
14. Comprehensive – Deductible:			
15. Endorsements: <div><input type="checkbox"/> my auto Expert Driver Package <input type="checkbox"/> Limited Waiver of Depreciation Endorsement (for vehicles within 3 model years) <input type="checkbox"/> Glass-Windshield Exclusion Endorsement <input type="checkbox"/> Excess Underinsured Motorist Protection: (limit in excess of Underinsured Motorist Protection coverage provided by ICBC)</div> <div><input type="checkbox"/> Claims Advantage™ <input type="checkbox"/> Replacement Cost Endorsement (for vehicles within 3 model years)</div>			
16. Comments:			
_____ Insured's Signature		_____ Date (dd/mm/yy)	
_____ Broker's Signature		_____ Date (dd/mm/yy)	

Broker Name and Contact



We are here when you
need us 1 866 464 2424.