



**CONSTRUCTION**  
ASSOCIATION OF NOVA SCOTIA  
Building with Skill and Integrity Since 1862

**CANS MEMBERS - HARNESS THE POWER OF MANY**  
COMBINED BUYING POWER FOR THE INSURANCE PROTECTION YOU NEED

## Automobile Quote Questionnaire

### About You:

Name of Person Requesting Quote: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

Address Where Cars are Located: \_\_\_\_\_  
(If Different than Mailing)

E-Mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

How Many Cars are in Your Household? \_\_\_\_\_ How Many Licensed Drivers in Your Household? \_\_\_\_\_

How Would You Like to Receive Your Quote:      PHONE CALL                  E-MAIL                  TEXT

How Did You Hear About Stanhope Simpson? \_\_\_\_\_

### Your Insurance History:

Current Insurance Company: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

How Long Have You Been with Your Current Company? \_\_\_\_\_ Years

Have Long Have You Been Continuously Insured? \_\_\_\_\_ Years

Has Your Auto Policy Been Cancelled for Non-Payment in the Past Six Years?      NO      YES

If "Yes" How Long Ago? \_\_\_\_\_

### Your Cars:

#### **Vehicle One:**

Year, Make, Model (and Serial # if Available): \_\_\_\_\_

Whose Name is This Car Registered? \_\_\_\_\_

Who Drives This Car Most of the Time? \_\_\_\_\_

Is This Car Driven To and From Work or School (Same Destination Each Day)?      NO      YES

If You Answered "Yes" to the Above Question, How Far is it One Way? \_\_\_\_\_ KMs

Is This Car Driven for Business Purposes (e.g. Meetings, Visiting Clients, Deliveries)?      NO      YES

If You Answered "Yes" to the Above Question, How Many Business KMs/Year? \_\_\_\_\_ KMs

How Many Total Kilometres is this Car Driven in One Year? \_\_\_\_\_ KMS

Do You Require Collision, Comprehensive, or Specified Perils Coverage\* on This Car? NO YES

If "YES", Please Indicate What Deductible You Would Like:

COLLISION \$ \_\_\_\_\_ COMPREHENSIVE \$ \_\_\_\_\_ SPECIFIED PERILS \$ \_\_\_\_\_

**Vehicle Two:**

Year, Make, Model (and Serial # if Available): \_\_\_\_\_

Whose Name is This Car Registered? \_\_\_\_\_

Who Drives This Car Most of the Time? \_\_\_\_\_

Is This Car Driven To and From Work or School (Same Destination Each Day)? NO YES

If You Answered "Yes" to the Above Question, How Far is it One Way? \_\_\_\_\_ KMs

Is This Car Driven for Business Purposes (e.g. Meetings, Visiting Clients, Deliveries)? NO YES

If You Answered "Yes" to the Above Question, How Many Business KMs/Year? \_\_\_\_\_ KMs

How Many Total Kilometres is this Car Driven in One Year? \_\_\_\_\_ KMS

Do You Require Collision, Comprehensive, or Specified Perils Coverage\* on This Car? NO YES

If "YES", Please Circle and Indicate What Deductible You Would Like:

COLLISION \$ \_\_\_\_\_ COMPREHENSIVE \$ \_\_\_\_\_ SPECIFIED PERILS \$ \_\_\_\_\_

**Your Drivers:**

**Driver One:**

Name & Master Number (on License): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation (could qualify for discounts): \_\_\_\_\_

What Year & Month Did You Obtain Your License (Pass Your Road Test)? \_\_\_\_\_

Do You Having a Driver Training Course? NO YES

If "YES" What Year & Month Obtained: \_\_\_\_\_

Has Your License Ever Been Suspended or Lapsed? NO YES

If "YES" Please Detail When, for How Long, and for What Reason: \_\_\_\_\_

Have You Had Any Convictions or Moving Violations in the Past Six Years? NO YES

If "YES" Please Detail Type and When Occurred: \_\_\_\_\_

Have You Had Any Claims or Accidents in the Past Six Years? NO YES

If "YES" Please Detail What Happened and When Occurred: \_\_\_\_\_

**Driver Two:**

Name & Master Number (on License): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation (could qualify for discounts): \_\_\_\_\_

What Year & Month Did You Obtain Your License (Pass Your Road Test)? \_\_\_\_\_

Do You Having a Driver Training Course?                      NO      YES

If "YES" What Year and Month Obtained: \_\_\_\_\_

Has Your License Ever Been Suspended or Lapsed?      NO      YES

If "YES" Please Detail When, for How Long, and for What Reason: \_\_\_\_\_

Have You Had Any Convictions or Moving Violations in the Past Six Years?      NO      YES

If "YES" Please Detail Type and When Occurred: \_\_\_\_\_

Have You Had Any Claims or Accidents in the Past Six Years?      NO      YES

If "YES" Please Detail What Happened and When Occurred: \_\_\_\_\_

**Driver Three:**

Name & Master Number (on License): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation (could qualify for discounts): \_\_\_\_\_

What Year & Month Did You Obtain Your License (Pass Your Road Test)? \_\_\_\_\_

Do You Having a Driver Training Course?                      NO      YES

If "YES" What Year & Month Obtained: \_\_\_\_\_

Has Your License Ever Been Suspended or Lapsed?      NO      YES

If "YES" Please Detail When, for How Long, and for What Reason: \_\_\_\_\_

Have You Had Any Convictions or Moving Violations in the Past Six Years?      NO      YES

If "YES" Please Detail Type and When Occurred: \_\_\_\_\_

Have You Had Any Claims or Accidents in the Past Six Years?      NO      YES

If "YES" Please Detail What Happened and When Occurred: \_\_\_\_\_

### **The Fine Print:**

\* Description of Your Options for Physical Damage Coverage: Specified Perils: Covers the automobile against loss or damage caused by certain specific perils. They are fire, theft, lightning, windstorm, hail, earthquake, explosion, riot, falling aircraft, rising water, or an accident to a vehicle or boat on which the automobile is being transported. Comprehensive: Covers the automobile against loss or damage caused other than by Collision or Upset. The coverage is not confined to specific hazards and is therefore broader in scope than the alternative coverage - Specified Perils. Collision or Upset: Covers damage caused by collision by another car, another object, or by upset.

In conjunction with the insurance coverages noted above, additional coverage extensions may also be available to enhance your protection. Your personal insurance professional at Stanhope Simpson will discuss available options with you when reviewing your quotation. However, if there are items you specifically wish to have included in your quotation, please feel free to note on this form.

The applicant acknowledges: (1) all of the information provided on this form is true to the best of my knowledge as each question's answer may impact premium calculation; and (2) reports containing personal, credit, factual, investigative, insurance, or driver information may be sought in connection with the preparation of the insurance quote I am hereby requesting.

**Thank you for considering Stanhope Simpson. We are proud to be a local, independent insurance broker!**

Please push the mail icon to submit the questionnaire directly