

Year **Make** **Model**

Do you currently own or lease this vehicle now?

Yes No

If, 'Yes', what is the VIN (Vehicle Identification Number)?

Is this vehicle new, used or a demo?

New Used
Demo

When did you buy this vehicle or start the lease?

Who is the principle operator of this vehicle? Please provide first and last names.

Is the vehicle used to commute to work or school?

Yes No

How many kilometers is it one way?

Is this vehicle used for real estate?

Yes No

Approximately how many kilometers do you put on this vehicle per year?

Liability Requested

\$1,000,000
\$2,000,000

Collision Deductible Requested

\$500 \$1,000
Other

How much (\$)?

Comprehensive Deductible Requested

\$300 \$500 \$1,000
Other

How much (\$)?

Do you want Loss of Use Coverage?

Yes No
Not Sure

Do you want Accident Forgiveness Coverage?

Yes No Not Sure

Do you currently have Income Replacement Coverage?

Yes No Not Sure

Income Replacement of \$400 is included – would you like to increase this or delete coverage?

Would you like to add another vehicle to this quote request?

Yes No

VEHICLE 3 - DESCRIPTION & REQUESTED COVERAGE

Year **Make** **Model**

Do you currently own or lease this vehicle now?

Yes No

If, 'Yes', what is the VIN (Vehicle Identification Number)?

Is this vehicle new, used or a demo?

New Used

Demo

When did you buy this vehicle or start the lease?

Who is the principle operator of this vehicle? Please provide first and last names.

Is the vehicle used to commute to work or school?

Yes No

How many kilometers is it one way?

Is this vehicle used for real estate?

Yes No

Approximately how many kilometers do you put on this vehicle per year?

Liability Requested

\$1,000,000

\$2,000,000

Collision Deductible Requested

\$500

\$1,000

Other

How much (\$)?

Comprehensive Deductible Requested

\$300

\$500

\$1,000

Other

How much (\$)?

Do you want Loss of Use Coverage?

Yes No

Not Sure

Do you want Accident Forgiveness Coverage?

Yes No Not Sure

Do you currently have Income Replacement Coverage?

Yes No Not Sure

Income Replacement of \$400 is included – would you like to increase this or delete coverage?

Do you have a fourth vehicle to add to this quote? (If, 'Yes', someone from the Aero team will be in touch to get the details.

Yes No

DRIVER 1 - INFORMATION

Is Driver #1 the same person as the applicant?

Yes No

Salutation

First Name

Last Name

Date of Birth

Marital Status

Employment Status

If student, and attending a school away from home, how many kilometers from home is the school?

If you did graduated licensing, please complete all the date fields below. If you got your license prior to graduated licensing, please complete the

License Date (G1)

License Date (G2)

License Date (G) *THIS FIELD IS MANDATORY

Did you successfully complete a Driver Training Course?

When was it completed?

Yes No

How many driving convictions has Driver 1 had in the past 3 years?

None 1 2 3 4 5 6 More

How many accidents has Driver 1 had in the past 9 years?

None 1 2 3 4 5 6 More

If Driver 1 has had accidents Please indicated how many 'At Fault' or 'Not At Fault'.

	0	1	2	3	4	5	6
At Fault							
Not At Fault							

Would you like to add a second Driver to this quote request?

Yes No

DRIVER 2 - INFORMATION

Salutation

First Name

Last Name

Date of Birth

Marital Status

Employment Status

If student, and attending a school away from home, how many kilometers from home is the school?

License Date (G1)

License Date (G2)

License Date (G) *THIS FIELD IS MANDATORY

Did you successfully complete a Driver Training Course?

When was it completed?

Yes No

How many driving convictions has Driver 1 had in the past 3 years?

None 1 2 3 4 5 6 More

How many accidents has Driver 1 had in the past 9 years?

None 1 2 3 4 5 6 More

If Driver 1 has had accidents Please indicated how many 'At Fault' or 'Not At Fault'.

	0	1	2	3	4	5	6
At Fault							
Not At Fault							

Would you like to add a third Driver to this quote request?

Yes No

DRIVER 3 - INFORMATION

Salutation First Name Last Name

Date of Birth

Marital Status Employment Status

If student, and attending a school away from home, how many kilometers from home is the school?

License Date (G1) License Date (G2) License Date (G) *THIS FIELD IS MANDATORY

Did you successfully complete a Driver Training Course?

When was it completed?

Yes No

How many driving convictions has Driver 1 had in the past 3 years?

None 1 2 3 4 5 6 More

How many accidents has Driver 1 had in the past 9 years?

None 1 2 3 4 5 6 More

If Driver 1 has had accidents Please indicated how many 'At Fault' or 'Not At Fault'.

	0	1	2	3	4	5	6
At Fault							
Not At Fault							

Would you like to add a fourth Driver to this quote request?

Yes No

DRIVER 4 - INFORMATION

Salutation First Name Last Name

Date of Birth

Marital Status

Employment Status

If student, and attending a school away from home, how many kilometers from home is the school?

License Date (G1)

License Date (G2)

License Date (G) *THIS FIELD IS MANDATORY

Did you successfully complete a Driver Training Course?

When was it completed?

Yes No

How many driving convictions has Driver 1 had in the past 3 years?

None 1 2 3 4 5 6 More

How many accidents has Driver 1 had in the past 9 years?

None 1 2 3 4 5 6 More

If Driver 1 has had accidents Please indicated how many 'At Fault' or 'Not At Fault'.

	0	1	2	3	4	5	6
At Fault							
Not At Fault							

OTHER INFORMATION

Do you have any kind of property insurance?

Yes No Not Sure

What group discount do you qualify for?

OPTIONAL ACCIDENT BENEFITS

Medical, Rehabilitation & Attendant Care

The standard benefit pays up to \$50,000 for medical and rehabilitation expenses, with a 10 year time limit in most cases, and up to \$36,000 for attendant care expenses. If catastrophically impaired, the standard benefit pays up to \$1,000,000 for medical and rehabilitation expenses and up to \$1,000,000 for attendant care expenses. The limits for this benefit include assessment costs.

You can purchase an optional medical and rehabilitation benefit of \$100,000; optional attendant care benefit of \$72,000; or an optional medical, rehabilitation and attendant care benefit of:

Requested Medical, Rehabilitation & Attendant Care Coverage

Dependant Care

There is no standard dependant care benefit for persons who are employed and care for dependants. You can purchase an optional benefit to receive additional weekly dependant care expenses of \$75 for the first dependant and \$25 for each additional dependant, up to \$150 per week.

Requested Dependent Care Coverage

Increased Death & Funeral

The standard level of death benefits paid to the surviving spouse and dependant of a person who dies in an automobile accident (\$25,000 to surviving spouse; \$10,000 to each surviving dependant) can be doubled by purchasing this optional coverage. This optional coverage all increases the standard funeral expense benefit from \$6,000 to \$8,000.

Requested Increased Death & Funeral Coverage

Indexation Benefit

This optional Coverage will ensure that certain weekly benefit payments and monetary limits will increase on an annual basis to reflect changes in the cost of living.

Include Indexation Benefit?

Yes No

Added Coverage to Offset Tort Deductible

OPCF 48 – This endorsement will provide a buy down on the deductible currently imposed by the Insurance Act on any settlements you should be awarded for pain and suffering following an automobile accident.

Include Offset Deductible Option?

Yes No

SUBMIT FORM

Upon submitting this request for an Auto Insurance Quote, I understand my information will be forwarded to Aero Insurance Brokers. I agree that the information provided is accurate, to the best of my knowledge. I understand that Aero Insurance Brokers will be contacting me after they review the submitted information.

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