



WAVE
INSURANCE

WAVE INSURANCE GROUP INC.

Email: hello@waveins.ca & info@wavins.ca

Tel: (905)-636-0656

Request for Automobile Insurance Quotation

To get the most accurate quote please fill this information out to the best of your knowledge

Applicant Information (Registered owner of vehicle): When to be effective?

Name	Gender Male Female Unknown	Marital Status Married Single	Tel
Date of Birth		Email	
Address			
Present Insurance Company		Present Policy #	
Expiry Date		Premium \$	

TO BEGIN THE QUOTING PROCESS FOR AUTOMOBILE INSURANCE, PLEASE FILL OUT OUR QUESTIONNAIRE

ALL drivers information in the household: (incl. applicant) if applicant drive.

#	Name	Gender	Date of Birth	Marital Status (Relationship)	Class (T = Driver training certificate)	Date First Licensed in Ontario Canada	Continuous Insurance. Since When?
1					G G2 G1 T		
Driver's License #:					If checked T, date on certificate:		

2					G G2 G1 T		
Driver's License #:					If checked T, date on certificate:		
3					G G2 G1 T		
Driver's License #:					If checked T, date on certificate:		
4					G G2 G1 T		
Driver's License #:					If checked T, date on certificate:		

Vehicle Information on this Policy:
Only basic coverage needed - Mark "none" in desirable deductible
Driver #: Please match to principle driver from above

Year	Make / Model	Estimated # of Km's to work. One way	Estimated Km's Per Year	Business Use?	Leased, Financed, or fully owned?	Desired or Current Deductible	Driver #
1				Yes No	Leased Financed Owned		
Winter Tires: Yes No				Uber:	Lyft:	Taxi/Cab:	Other:
2				Yes No	Leased Financed Owned		
Winter Tires: Yes No				Uber:	Lyft:	Taxi/Cab:	Other:

3					Yes	Leased		
					No	Financed		
						Owned		
Winter Tires: Yes No					Uber:	Lyft:	Taxi/Cab:	Other:
4					Yes	Leased		
					No	Financed		
						Owned		
Winter Tires: Yes No					Uber:	Lyft:	Taxi/Cab:	Other:

Additional Information

Total # of vehicles in the household? (Incl. company vehicle to commute to work)		
--	--	--

Driving Record Information

	Name	Detail	When	4 or more convictions
Any auto - related convictions in the last 3 years? (ie. speeding tickets, stop sign)				

				2 or more at fault accidents
Any accidents or auto related claims in the last 6 years? Or Any drivers license suspended in the last 6 years?		% of fault		
		% of fault		
Have you been refused or cancelled by an insurance company in the last 3 years? (le. Nonpayment)				

Note: Driving records per each driver are routinely confirmed with the MTO and independent driving record search firms.

Send Back Once Completed

