



Stanhope Simpson

INSURANCE LTD.

CANS MEMBERS - HARNESS THE POWER OF MANY

COMBINED BUYING POWER FOR THE INSURANCE PROTECTION YOU NEED

Automobile Quote Questionnaire

About You:

Name(s) of Insured(s): _____
Date(s) of Birth: _____ Contact Number: _____
Address: _____ Email: _____

Your Insurance History:

Previous Insurer: _____ Expiry Date: _____ Previous Policy # : _____

Underwriting Information:

Vehicle One:

Year, Make, Model & Serial Number of Vehicle: _____
Typical Commute to Work/School (in KM): _____
Business vs. Pleasure Use (% Breakdown): _____

Please Select the Type of Physical Damage Coverage Required (See Below Description of Your Options):

If You Selected Specified Perils, What Deductible Do You Require? _____

If You Selected Comprehensive, What Deductible Do You Require? _____

If You Selected Collision/Upset, What Deductible Do You Require? _____

What Limit of Liability is Required? _____



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Vehicle Two:

Year, Make, Model & Serial Number of Vehicle: _____

Typical Commute to Work/School (in KM): _____

Business vs. Pleasure Use (% Breakdown): _____

Please Select the Type of Physical Damage Coverage Required (See Below Description of Your Options):

If You Selected Specified Perils, What Deductible Do You Require? _____

If You Selected Comprehensive, What Deductible Do You Require? _____

If You Selected Collision/Upset, What Deductible Do You Require? _____

What Limit of Liability is Required? _____

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 Coverage: 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. These options may include items such as; loss of use coverage, waiver of depreciation (available on newer vehicles), physical damage coverage for rented vehicles, among others. 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 indicate these below:



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Driver One:

Name & Master Number (on License): _____

Details of Six Year Claims History of Driver: _____

Details of Convictions (Last Six Years) of Driver: _____

Did the Driver Complete a Driver Training Course? And If So, When? _____

How Long Has the Driver Been Licensed (Years)? _____

How Long Has the Driver Continuously Held Insurance (Years)? _____

Which Vehicle(s) Will the Driver be the Primary Driver On? _____

Which Vehicle(s) Will the Driver be an Occasional Driver On? _____

Driver Two:

Name & Master Number (on License): _____

Details of Six Year Claims History of Driver: _____

Details of Convictions (Last Six Years) of Driver: _____

Did the Driver Complete a Driver Training Course? And If So, When? _____

How Long Has the Driver Been Licensed (Years)? _____

How Long Has the Driver Continuously Held Insurance (Years)? _____

Which Vehicle(s) Will the Driver be the Primary Driver On? _____

Which Vehicle(s) Will the Driver be an Occasional Driver On? _____



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Driver Three:

Name & Master Number (on License): _____

Details of Six Year Claims History of Driver: _____

Details of Convictions (Last Six Years) of Driver: _____

Did the Driver Complete a Driver Training Course? And If So, When? _____

How Long Has the Driver Been Licensed (Years)? _____

How Long Has the Driver Continuously Held Insurance (Years)? _____

Which Vehicle(s) Will the Driver be the Primary Driver On? _____

Which Vehicle(s) Will the Driver be an Occasional Driver On? _____

CANS Member Company Name: _____

How Did You Hear About this CANS Program? _____

The applicant acknowledges: (1) all of the information provided on this form is true to the best of my knowledge; 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 who actively supports the Construction Association of Nova Scotia.

Please push the email icon to submit the questionnaire electronically -