Intact Insurance Company

Automobile Renewal Questionnaire

To *Date*

Re **Named Insured(s):** **Policy Number:**
Expiry Date:

Hello,

To ensure that the policy information is correct and current, we require an information update regularly. Please review the information below with your customer and provide the completed form to us by .

Vehicle Information	**Veh #1:** **VIN:**	**Veh #2:** **VIN:**	**Veh #3:** **VIN:**
1. How far is the vehicle driven one way to work, school, or public transit station per day? 2. Total kilometres driven annually?	_____ km per day _____ km per year	_____ km per day _____ km per year	_____ km per day _____ km per year
3. Is the vehicle ever used for business (e.g. sales, consulting, delivery, etc)? **If yes**, describe business use and confirm the percentage used:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

Driver Information	**Name:** **Licence #:**	**Name:** **Licence #:**	**Name:** **Licence #:**
4. Years licensed in Canada: 5. Licence class: 6. Vehicle usually driven: (select vehicle # from above)	_____ years _____ _____	_____ years _____ _____	_____ years _____ _____
7. Occupation: Name and address of employer: **If student**, provide the name of the post-secondary institution:	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
8. Convictions in the last 3 years: **If yes**, provide details:	Yes ☐ No ☐ Date: Speed ☐ Other ☐ Other:	Yes ☐ No ☐ Date: Speed ☐ Other ☐ Other:	Yes ☐ No ☐ Date: Speed ☐ Other ☐ Other:
9. Licence suspensions in the last 3 years:	From: To:	From: To:	From: To:
10. Provide name and details of any additional drivers not listed:			

Intact Insurance Company
Personal Insurance
1200, 321 - 6th Avenue S.W., Calgary, AB T2P 4W7

80346 (05-2017) – Automobile Renewal Questionnaire INTACT