



P: 403-678-5122

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Email: getquote@riverstoneinsurance.ca

Applicant Driver Information:

Name _____
 Name on vehicle registration: Same _____ Other _____
 Mailing Address: _____ Postal Code: _____
 Length of time at current address: _____ Previous address: _____
 Email Address: _____
 Phone Number: (h) _____ (c) _____ How long do you plan to stay in Alberta _____

Driver Information: Name: _____ Age: _____ Sex: _____ Marital Status: _____
 License#: _____ Province: _____ Class: _____ Years Licensed in Canada: _____
 Date of Birth (d) _____ (m) _____ (y) _____ Occupation: _____ Employer: _____
 Date you first received your driver's license (d) _____ (m) _____ (y) _____ # of convictions in past 3 years: _____
 List date and conviction(s): _____

Has your driver's license ever been suspended, lapsed, or cancelled: _____ If yes, please explain: _____
 Have you previously been licensed in any other province or country? _____ If yes, where, when and for how long? _____
 Will anyone else be driving this vehicle regularly? Yes _____ No _____ If Yes please fill out additional info for this driver.

Insurance Information:

Have you had continuous auto insurance for the last 6 years? If no, please explain: _____
 Most recent INSURANCE COMPANY _____ Policy Number _____
 Date insurance was last in force or is it current? _____ Renewal date of policy: _____
 Have you previously been insured in any other province or country? _____ If yes, where, when and for how long? _____
 List details of any at-fault accidents for which a claim was made on your insurance: _____
 Have you ever made a non-accident related claim (e.g. hail damage, vandalism, theft) Yes _____ No _____
 If yes please provide details _____
 Has any insurance company ever cancelled your insurance? _____ If yes, why? _____

Vehicle Information: Year: _____ Make: _____ Model: _____
 VIN # : _____
 2WD 4WD AWD 2 dr 4dr sedan hatchback van SUV Crew cab Club Cab Super Cab Diesel Gas
 Purchase Date (d) _____ (m) _____ (y) _____ Purchase price: _____ Is there a lease/loan on the vehicle?
 Yes _____ No _____ Name/Address: _____
 Will the vehicle be driven to work? Yes _____ No _____ One-way commute distance _____ km Business use? Yes _____ No _____
 Estimated annual km to be driver: 0-9999 10,000-15,999 16,000-23,999 24,000 or more

Agency Use Only:

Coverage:		Endorsements:		
Liability Limit \$1M	\$2M	SEF 44	SEF 20	Other: _____
All Perils (Ded) _____		SEF 27	SEF 43	_____
Collision (Ded) _____		SEF 13D		_____
Comprehensive (Ded) _____				

P: **Additional Driver Information:**
 Name _____
 Name on vehicle registration: _____
 Mailing Address: _____ Postal Code: _____
 Length of time at current address: _____ Previous address: _____
 Email Address: _____
 Phone Number: (h) _____ (c) _____ How long do you plan to stay in Alberta _____

Driver Information: Name: _____ Age: _____ Sex: _____ Marital Status: _____
 License#: _____ Province: _____ Class: _____ Years Licensed in Canada: _____
 Date of Birth (d) _____ (m) _____ (y) _____ Occupation: _____ Employer: _____
 Date you first received your driver's license (d) _____ (m) _____ (y) _____ # of convictions in past 3 years: _____
 List date and conviction(s): _____

 Has your driver's license ever been suspended, lapsed, or cancelled: _____ If yes, please explain: _____

 Have you previously been licensed in any other province or country? _____ If yes, where, when and for how long?

 Will anyone else be driving this vehicle regularly? Yes No If Yes please fill out additional info for this driver.

Insurance Information:
 Have you had continuous auto insurance for the last 6 years? If no, please explain: _____

 Most recent INSURANCE COMPANY _____ Policy Number _____
 Date insurance was last in force or is it current? _____ Renewal date of policy: _____
 Have you previously been insured in any other province or country? _____ If yes, where, when and for how long?

 List details of any at-fault accidents for which a claim was made on your insurance: _____

 Have you ever made a non-accident related claim (e.g. hail damage, vandalism, theft) Yes No
 If yes please provide details _____
 Has any insurance company ever cancelled your insurance? _____ If yes, why? _____

Vehicle Information: Year: _____ Make: _____ Model: _____
 VIN #: _____
 2WD 4WD AWD 2 dr 4dr sedan hatchback van SUV Crew cab Club Cab Super Cab Diesel Gas
 Purchase Date (d) _____ (m) _____ (y) _____ Purchase price: _____ Is there a lease/loan on the vehicle?
 Yes No Name/Address: _____
 Will the vehicle be driven to work? Yes No One-way commute distance _____ km Business use? Yes No
 Estimated annual km to be driver: 0-9999 10,000-15,999 16,000-23,999 24,000 or more

Agency Use Only:
Coverage: Liability Limit \$1M \$2M
 All Perils (Ded) _____
 Collision (Ded) _____
 Comprehensive (Ded) _____
Endorsements: SEF 44 SEF 20
 SEF 27 SEF 43
 SEF 13D Other: _____

