

## Auto Insurance Carrier Change Form

Client Information		Current Insurance Information	
Full Name:		Current Insurance Company:	
Mailing Address:		Policy Number:	
City:		Policy Expiry Date:	
Province:		New Insurance Information	
Postal Code:		New Insurance Company:	
Phone Number:		Policy Number (if available):	
Email Address:		Effective Date of New Policy:	
Vehicle Information			
Make:			
Model:			
Year:			
VIN:			
License Plate Number:			
Purchase Date			
New or Used			
Alterations or Attachments			
Un-repaired damage			
Lienholder/Lessor:			
Type of Use			
Personal <input type="checkbox"/>	Commercial <input type="checkbox"/>		
	Commercial Commute:	Annual KM's	
Principal Driver:			
Other Driver:			

Deleted Vehicle			
Make:		Model:	
Year :		VIN:	
Added Operator:			
Name:		Driver License#:	
Date Licensed:		Occupation:	
Related to Insured:		Date of Birth:	
Driver Training:		Percentage of Use:	
Convictions in Last Three Years:		Claims in Last Three Years:	
Reason for Carrier Change			
Better Coverage	<input type="checkbox"/>		
Lower Premiums	<input type="checkbox"/>		
Better Customer Service	<input type="checkbox"/>		
Other (please specify):	<input type="checkbox"/>		
Type of Coverage Requested			
Personal Liability and Property Damage (PLPD)	<input type="checkbox"/>	Collision Coverage	<input type="checkbox"/> Comprehensive Coverage <input type="checkbox"/>
Direct Compensation for Property Damage	<input type="checkbox"/>	Commercial	<input type="checkbox"/>
Other Specify	<input type="checkbox"/>		

**Authorization:**

I, the undersigned, authorize the change of my auto insurance carrier as indicated above. I understand that it is my responsibility to ensure continuous coverage and to notify my current insurance company of this change.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_