



Phone: 780-968-7037  
Toll-Free: 1-855-968-7037  
Fax: 780-968-4437

*Professionals Providing Protection*

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**Auto Insurance**

Important: all information must be provided fully and accurately. Please allow up to 24 business hours for your quote to be completed.

-  
**Contact Info**

First name:\*

Last name:\*

Street Address:\*

City:\*

Postal code:\*

Home / cell phone:\*

Business/work phone:

Email:

Best time to call you:\* Morning

**Driver Details (Driver #1)**

-  
First Name:\*

Last Name:\*

Date of birth (mm/dd/yy):\*

Gender: \* Male

Marital status:\* Single

Occupation:\*

Do you already have insurance with Darson Insurance? \* Yes

**Driver's License and insurance history**

How long has the driver had a valid driver's licence?\* Less than 1 year

In the past 6 years, has any driver had any claims at fault or not at fault? \* Yes

In the past 3 years, has the driver been convicted of any traffic violations? \* Yes

How long has the driver been insured?\* Less than 1 year

In the past 6 years, has the driver's insurance policy ever been lapsed or cancelled?\* No

Would you like to have a second driver on this policy? \* Yes

**If yes, please complete the following information for the second driver.**

First Name:

Last Name:

Date of birth (mm/dd/yy):

Gender: Male

Marital status: Single

Occupation:

Does this driver already have insurance with Darson Insurance? Yes

**Driver's license and insurance history**

How long has the driver had a valid driver's licence? Less than 1 year

In the past 6 years, has any driver had any claims at fault or not at fault? Yes

In the past 3 years, has the driver been convicted of any traffic violations? Yes

How long has the driver been insured? Less than 1 year

In the past 6 years, has the driver's insurance policy ever been lapsed or cancelled? No

**Vehicle Details**

Year of vehicle: \*

Make of vehicle:\*

Model of vehicle (ex. Ram 1500 Laramie):\*

Serial Number of vehicle:

Select the liability coverage:\* \$1,000,000 – standard

Select the collision coverage amount:\* None

Select the comprehensive coverage amount:\* None

Approximate number of km this vehicle is driven each day to work or school (one way):\*

None – recreational only

Approximate number of km driven per year:\* Less than 5,000

Approximate number of km driven per year for business or commercial purposes:\* None

Do you need a second vehicle on this policy? \* Yes

By submitting, I understand that the information will be used by a licensed insurance broker at Darson Insurance Services to provide me with an insurance quote. I also understand that one of your brokers may contact me by phone or email to provide me with a quote or to obtain more information if needed. Please select "I agree" to continue:\*

I agree

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