

**Insured:**

Debtor: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Co-debtor: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRODUCT(S)**

**Credit insurance**  
 Payout Date: \_\_\_\_\_  
  
Certificate #: \_\_\_\_\_  
Effective date: \_\_\_\_\_

**Replacement insurance**  
 Payout Date: \_\_\_\_\_  
 Total loss Date: \_\_\_\_\_  
  
Policy #: \_\_\_\_\_  
and/or  
VIN: \_\_\_\_\_  
Effective date: \_\_\_\_\_

Lender: \_\_\_\_\_

**Quotation requested by:**

Name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Retailer: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBMIT**

Or send by email to: [quotation@ia.ca](mailto:quotation@ia.ca)