
Insured:

Debtor: _____

Date of birth: _____

Co-debtor: _____

Date of birth: _____

Address: _____

PRODUCT

Credit insurance

Payout Date: _____

Certificate #: _____

Effective date: _____

Lender: _____

Quotation requested by:

Name: _____

First name: _____

Retailer: _____

Phone: _____ Ext: _____

Comments:

SUBMIT

Or send by email to: quotation@ia.ca