



# Quotation Request

## Insured(s)

Debtor	Date of birth (yyyy-mm-dd)
Co-debtor	Date of birth (yyyy-mm-dd)
Address	

## Product(s)

<input type="checkbox"/> <b>Creditor Insurance</b>	<input type="checkbox"/> Payout	Date (yyyy-mm-dd):	<input type="text"/>
	<input type="checkbox"/> Total Loss	Date (yyyy-mm-dd):	<input type="text"/>
		Certificate No.:	<input type="text"/>
		Effective Date (yyyy-mm-dd):	<input type="text"/>
<input type="checkbox"/> <b>Replacement Insurance</b>	<input type="checkbox"/> Payout	Date (yyyy-mm-dd):	<input type="text"/>
	<input type="checkbox"/> Total Loss	Date (yyyy-mm-dd):	<input type="text"/>
		Policy No.:	<input type="text"/> and/or VIN: <input type="text"/>
		Effective Date (yyyy-mm-dd):	<input type="text"/>

The amounts submitted in this form are for information purposes only and may be subject to change as the file evolves and additional information is received.

## Lender

Name
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## Quotation requested by

Surname	First Name	
Retailer	Telephone	Ext.

Comments:

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