



Quotation Request

Insured(s)

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

Product

| | | | |
|--|-------------------------------------|------------------------------|----------------------|
| <input type="checkbox"/> Creditor Insurance | <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"/> |

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 |
|------|

Quotation requested by

| | | |
|----------|------------|------|
| Surname | First Name | |
| Retailer | Telephone | Ext. |

Comments:

Or send by email to: quotation.iasc@ia.ca