



QUOTATION REQUEST

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