Email to Hub International HKMB

Snap-on Service Team: snapon@hubinternational.com

Automobile Insurance Questionnaire

Name of Driver:	First Name	Surname	
Mailing Address:	Number	Street	Apt. No.
	City	Province	Postal Code
Contact Numbers:	Daytime Telephone	Email	
Proposed Effective Date of Coverage			

I Am A Snap-on Dealer ☐ I Am A Snap-on Employee (i.e. Sales Representative) ☐

Details of Vehicle

Year	Make	Model	Annual KMs	Cost

Province in which vehicle is registered:	Serial Number:
How many years Canadian experience?	What is your Commercial Vehicle Operator Number (C.V.O.R.) *if applicable*

Details of the Principal Driver

	Date of Birth (D/M/Y)	Married	Sex
Name of Principal Driver and License Number:		Y ☐ N ☐	M ☐ F ☐
Name of all occasional drivers and license numbers:			
1.		Y ☐ N ☐	M ☐ F ☐
2.		Y ☐ N ☐	M ☐ F ☐
3.		Y ☐ N ☐	M ☐ F ☐
4.		Y ☐ N ☐	M ☐ F ☐

Name of Previous Insurer and Policy Number:

Have you had any "At Fault" Insurance Claims in the past 6 years?	Y ☐ N ☐	*If yes, please provide details*
Have you been convicted of any criminal code of Canada or Highway Traffic Act violations (more than 2 demerits) during the last 3 years?*	Y ☐ N ☐	*If yes, please provide details* (Continue on separate page if necessary)

I am applying for automobile based on the information provided above. With respect to this application or any renewal or change to my coverage, I authorize you to collect, use and disclose information for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit rating, driving record information and claims history.

Nothing in this questionnaire confirms acceptance or binding of insurance.
The applicant will be notified if insurance is bound.

Date	Signature of Applicant (I hereby confirm that the above statements are true and verifiable)

** Refer to HKMB HUB International for clarification of criminal code or Highway Traffic Act Violations.*

This is a general summary of the program currently in effect. Changes may be made from time to time. Eligibility for and availability of benefits/coverage will be in accordance with the specific provisions of the applicable contract or policy. Please refer to your insurance policy or certificate for specific provisions of this program. A copy of the policies in the program is available upon request. Coverage may not be available in all provinces.