

Automobile Insurance Availability form

Consumer			
Name:		First name:	
Address:			
City:	Province:	Postal code:	
Home telephone: ()		Business telephone: ()	

Last Insurer on Risk	
Name:	
Policy number:	Expiration:
Please send us a copy of your automobile insurance contract	

Last Broker on Risk	
Name:	
Telephone: ()	

Cancellation (if applicable)	
Date (Year – Month – Day):	
Please give a brief explanation of the problem	

Insurance Companies or brokers contacted having refused coverage (minimum 5 contacts)		
Company's name / Broker's name	Telephone	Contact

Do you hold any other insurance coverage		
Type of insurance	Company name	Policy no.
Home <input type="checkbox"/> Yes <input type="checkbox"/> No		
Auto <input type="checkbox"/> Yes <input type="checkbox"/> No		
Business <input type="checkbox"/> Yes <input type="checkbox"/> No		

I hereby authorize Groupement des assureurs automobiles, in their actions on my behalf to identify an insurance company which may be prepared to provide me with an automobile insurance policy, to:

- **check** the personal information given to GAA with insurance companies and brokers you have contacted;
- **obtain** from such insurance companies and brokers any other missing personal information relevant to the underwriting of the risk, and do you authorize such companies and brokers to disclose this information to GAA;
- **disclose** to an insurance company or broker that you have not contacted any personal underwriting information required if GAA approaches such an insurance company or broker to try and obtain an automobile insurance policy on your behalf.

Consumer's signature

Date :