

## **DASdrive Application**

Title (Mr., Ms, Mrs., Dr., M	iss)		
First Name		Last name	
Province: British Columbia	a		
Number of personal vehicl motorcycles up to 5)	•	n insure personal vehicles up to 4,	,500kg including
	•	covered by this policy, had 3 or mrise to a claim under this policy?	
Address			
Street, City, Province, Post	al Code		
Email address:			
Telephone number :			
Date:			
VIN:			
Make:	Model:	Year:	
Broker Name:			
Broker email address:			

## ONLY ACCEPT PAYMENT DETAILS TO BIND COVER IF PREVIOUS DISPUTES QUESTION ANSWERED 'NO'

Payment Information: Visa, M/C or PAC (Pre-authorized Cheque)

Annual / Monthly (Circle one)

**Credit Card Payment information** 

VISA / MC (Circle One)

VISA / IVIC (CITCLE OTIC)		
Name on Card:		
Number:	E:	xpiry date:
PAC (Pre-authorized Cheque)		
Bank name:		
Bank transit number:	Bank number:	
Bank account number:		

