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AUTOMOBILE RENEWAL QUESTIONNAIRE

INSTRUCTIONS:

- 1. Please answer all questions.
- 2. Sign and date the completed form.
- 3. Return this form by mail, fax, or email.

GENERAL INFORMATION

MUNICIPALITY:

MAILING ADDRESS:

CONTACT INFORMATION

INSURANCE ADMINISTRATOR:

PHONE #:

EMAIL:

RISK MANAGER:

PHONE #:

EMAIL:

OPERATIONS

- 1. Do you request drivers abstracts of your vehicle operators regularly? Yes No
- 2. Do your vehicles have onboard GPS? Yes No
- 3. Are speed restrictions in place? Yes No
 - a. If yes, what kind? Policy Device
- 4. Do you have education available to vehicle operators with collision history? Yes No
- 5. Is there a maintenance or service plan in place? Yes No

SIGNATURE OF INDIVIDUAL COMPLETING APPLICATION

(By typing your full name into the digital signature field above, you confirm the information on this form is accurate and binding.)

PRINTED NAME

POSITION / TITLE

DATE