

If you have more than one vehicle insured with us and wish to make us aware of a number of changes concerning them, please complete a separate form for each vehicle.

1- INFORMATION ON THE INSURED

First name _____ Last name _____
 Address _____ City _____ Postal code _____
 Telephone _____ Email _____
 Automobile insurance policy No. _____
 Vehicle affected by changes _____
Make Model Year

2- NEW VEHICLE USE

Check all the boxes that correspond to your new situation.

- I am not using my vehicle as often as I did prior to the confinement.
Example: You are teleworking most often now and only go to your workplace on occasion.*
- I no longer use my vehicle to commute to and from work.
Example: You are teleworking full-time, or you are looking for work.*
- I am currently using my personal vehicle for business, but that wasn't the case prior to the confinement.
Example: You are using your vehicle for business travel.
- I am now using my personal vehicle to make deliveries for...
 - a restaurant.
 - a sharing economy company.
Example: Uber Eats, SkipTheDishes, DoorDash, etc.
 - a not-for-profit organization.

What is your expected mileage for this year, given these changes?

- Less than 5,000 km
- Between 5,001 and 10,000 km
- Between 10,001 and 15,000 km
- Between 15,001 and 20,000 km
- Between 20,001 and 25,000 km
- More than 25,000 km --> **Please specify:** _____ km

Are these changes temporary?

- Oui
- Non

***IMPORTANT NOTE IF YOUR HOME IS INSURED WITH LA CAPITALE**

Does this statement apply to you? You are teleworking and have brought home items (such as a computer, specialized equipment or furniture) that are worth more than \$2,500 and are primarily used for your work.

If so, please call us at 1 844 780-8136 to ensure the coverage provided under your home insurance is adequate.

3- COMMENTS

Is there any other information you would like to provide us with regard to your situation?

4- SUBMITTING THE FORM

Please send your completed form by email to deconfinement2020@lacapitale.com

In the coming days, we will send you a confirmation of any changes made to your file. These changes will be applied retroactively as of June 30, 2020, i.e. the expiry date of the premium reduction offered to all insureds. We may need to contact you to obtain additional information.

If there is any other information you would like to provide us with regard to your situation, please call us at **1 844 780-8136**.