

Alberta SPF9 TNC Insurance Information Form

Name of insured: \_\_\_\_\_

Name of insured driver: \_\_\_\_\_

Name of Insurer: \_\_\_\_\_

Insurer Alberta address: \_\_\_\_\_

Policy #: \_\_\_\_\_

Effective date: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Authorized vehicle year, make, model: \_\_\_\_\_

To report a claim directly to the insurer:

By Phone: \_\_\_\_\_

By Email: \_\_\_\_\_

By regular mail: \_\_\_\_\_