



Consumer AutoPlus Request Form

(CGI USE)

Date: _____

Time: _____

MANDATORY INFORMATION

Name: _____

Mailing Address: _____

Daytime Phone Number: _____

Driver's License Number: _____

Insurance Company Name: _____

Policy Number: _____

(From your current policy or your most recent policy if you are not currently insured)

Vehicle(s) Listed on Policy: _____

(Year and Make of Vehicle from your current policy or your most recent policy if you are not currently insured)

VIN Number(s): _____

(Vehicle Identification Number from your current policy or your most recent policy if you are not currently insured)

Effective Dates of the Policy: _____

(From MMDDYEAR to MMDDYEAR from your current policy or your most recent policy if you are not currently insured)

Previous Mailing Address: _____

(If you have moved within the last two years)

Signature: _____

Send your request by one of the options below:

- Fax: 1-514-415-3989
- Mail: CGI Technical Assistance Centre
1350 Rene-Levesque West, 7th Floor
Montreal, PQ
H3G 1T4
- Scan and email: insurance.helpdesk@cqi.com

By signing this request you agree:

1. You are requesting your own personal information.
2. **The AutoPlus report will only be mailed to the most recent address on file or mailed to the mailing address above if all information is provided.**
3. CGI will mail a copy of your personal report via regular mail within 10 business days of receiving your request.
4. A Consumer AutoPlus Report provides your individual automobile policy and claims history as submitted by the Canadian Property and Casualty (P&C) industry. CGI **AutoPlus Reports are not available for the following provinces as they do not provide CGI with historical data; Quebec, British Columbia, Manitoba, and Saskatchewan.**
5. CGI will provide one report within a 12 month period at no cost.
6. CGI stores and reports data and is not authorized to make changes to this data.
7. If you do not agree with the information on your AutoPlus Report please contact the Complaint Officer/Ombudsperson, of the insurer, that provided the data. A list of these individuals can be found on the Financial Services Commission of Ontario website <http://www.fSCO.gov.on.ca/english/insurance/resolvecomplaint-insurance.asp> and select "Company Consumer Complaint Officers".
8. You have read, understand and agree to the guidelines as described.

Revised November 2009