



**Cross Border
Solution
Referral Form**

We welcome the opportunity to provide a quote for your customer’s cross border business. Please complete the information below and send it to cross.border@intact.net. An underwriter will follow up with you at the beginning of the renewal process.

Broker name _____

Brokerage _____

Address _____

Telephone _____

Customer name _____

Renewal date _____

Does your customer already have a policy with Intact Insurance for the Canadian portion of this business?

If yes, please provide the policy number: _____

For internal use

Date received:* _____

Intact Insurance Business Development Manager: _____

Intact Insurance underwriter to follow up the week of: _____

(approximate date)