



# Motorized Vehicle Questionnaire

(to be completed by Proposed Insured)

500-5000 Yonge Street  
Toronto, ON M2N 7J8  
Fax: 1-877-767-0477

PLEASE PRINT

Policy Number:

Name of Proposed Insured: \_\_\_\_\_ Date of Birth: DD / MM / YYYY

Driver's Licence Number: \_\_\_\_\_ Province: \_\_\_\_\_

## In the last ten years

1 Have you had any moving violations? ..... ☐ Yes ☐ No

VIOLATIONS	NUMBER OF TICKETS OR TIMES ARRESTED	DATE OF TICKETS OR ARRESTS	DEMERIT POINTS
Safety belt			
Mandatory stop			
Traffic lights			
Speeding (show speed over)			
Illegal passing			
Non-liable accident			
Liable accident			
Other – Specify			

## Without respect to time elapsed

2 Have you ever been arrested for impaired driving? ..... ☐ Yes ☐ No

If "Yes" Date of arrest? DD / MM / YYYY Were you found guilty? ☐ Yes ☐ No If "Yes," date? DD / MM / YYYY

3 Have you ever been found guilty of: hit-and-run, dangerous driving, criminal negligence or other? ..... ☐ Yes ☐ No

If "Yes" Date? DD / MM / YYYY Nature of violation \_\_\_\_\_

• Circumstances – details \_\_\_\_\_

4 Has your driver's licence ever been suspended or withdrawn? ..... ☐ Yes ☐ No

If "Yes" Why? Specify \_\_\_\_\_

• Date the licence was suspended? DD / MM / YYYY Duration? \_\_\_\_\_

• Did you drive while your licence was suspended? ☐ Yes ☐ No If "Yes," dates? \_\_\_\_\_

• When did you get your licence back? DD / MM / YYYY When do you expect to get it back? DD / MM / YYYY

5 Please give any other information you deem significant: \_\_\_\_\_

I understand that my answers to the above questions will be relied on by ivari in establishing my premium rate. If the above answers are not true, complete and correctly recorded, any policy issued as a result of this questionnaire (being part of the Application for Insurance) may be rendered void on the grounds of misrepresentation or fraud.

I hereby declare that I have read all the questions and answers in this questionnaire and the statements and answers given above are true, complete and correctly recorded to the best of my knowledge and belief. I understand and agree that this questionnaire shall form part of my Insurance Application to ivari.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of Proposed Insured

Signature of Witness

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