

Motorized Vehicle Questionnaire

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

(to be completed by Proposed Insured)

Name of Proposed Insured:	PLEASE PRINT		Policy Number:		
Driver's Licence Number: Province: Province: In the last ten years 1 Have you had any moving violations? OYe Wolatnows NUMBER OF TICKETS OR TIMES ARRESTED DATE OF TICKETS OR ARRESTS DEM		Date of Birth: D D	Date of Birth: DD/MM/YYYY		
In the last ten years 1 Have you had any moving violations?					
1 Have you had any moving violations?					
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? If "Yes" Date of arrest? DIMM/YYYY Were you found guilty? Yes No If "Yes" date? DIMM/YYYY Nature of violation • Circumstances - details 4 Has your driver's licence ever been suspended? DIMM/YYYY Duration? • Did you drive while your licence was suspended? OYEs No If "Yes" dates? • When did you get your licence back? DIMM/YYYY Duration? • Did you drive while your licence back? DIMM/YYYY When do you expect to get it back? DIMM/YYYY 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 an not true, complete and correctly recorded, any policy issued as a result of this questionnaire (being part of the Application for In 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 abot true, complete and correctly recorded to the best of my knowledge and belief. I understand and agree that this questionnaire spart of my Insurance Application to ivari.	•	ations?		○ Yes ○ No	
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?				DEMERIT POINTS	
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?		NOMBER OF TICRETS ON TIMES ARRESTED	DATE OF TICKETS OR ARRESTS	DEMERIT FOINTS	
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Non-liable accident Liable accident Other - Specify Without respect to time elapsed 2 Have you ever been arrested for impaired driving?					
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Have you ever been arrested for impaired driving?	Other – Specify				
Have you ever been arrested for impaired driving?	Without respect to time elap	sed			
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	not true, complete and correctly re may be rendered void on the ground I hereby declare that I have read all true, complete and correctly record part of my Insurance Application to	corded, any policy issued as a result of onds of misrepresentation or fraud. I the questions and answers in this quested to the best of my knowledge and be ivari.	this questionnaire (being part of the Applicat stionnaire and the statements and answers o elief. I understand and agree that this question	tion for Insurance) given above are onnaire shall form	
Signature of Proposed Insured Signature of Witness	Signature of Proposed Insured	Signatu	ure of Witness		

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