



# Motorized Vehicle Questionnaire

(to be completed by Proposed Insured)

500-5000 Yonge Street  
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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4 Has your driver's licence ever been suspended or withdrawn?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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