



Insurance & Financial Services Inc.

People you trust ~ Insurance that works!

Driver's In the Household

Please review and respond accordingly.

RE: Policy Number: _____

DRIVER INFORMATION:

NAME: _____

DRIVERS LICENSE NUMBER: _____

NUMBER OF YEARS LICENCED: _____

G1: _____

G2: _____

G: _____

NUMBER OF CONVICTIONS IN PAST 3 YEARS: _____

ANY SUSPENSIONS IN PAST 6 YEARS: _____

NAME: _____

DRIVERS LICENSE NUMBER: _____

NUMBER OF YEARS LICENCED: _____

G1: _____

G2: _____

G: _____

NUMBER OF CONVICTIONS IN PAST 3 YEARS: _____

ANY SUSPENSIONS IN PAST 6 YEARS: _____

We will also need his/her consent to order accident and conviction records. Please have him/her sign below as confirmation that we are able to order these reports.

Signature: _____

Date: _____