

DRIVER AUTHORIZATION FORM

INSURER:

POLICY #:

INSURED: BUSINESS INTERRUPTION FORMS

I hereby authorize the Highway Traffic Board to disclose all details of my driving record, including accidents, convictions and suspensions to my Insurance Company.

Full Name: _____

Date of Birth: _____

Driver's License #: _____

Province Licensed In: _____

Years Consecutively Licensed: _____

Signature: _____

Date: _____