

REQUEST FOR ADDITION OF DRIVER

FORWARD TO: Holman Insurance Brokers Ltd.

FAX NUMBER: Commercial Auto 905-882-0565 OR Personal Lines 905-882-7856

SECTION #1 - TO BE COMPLETED BY POLICYHOLDER

Policy Number: _____

Named Insured: _____
(Please Print)

Telephone Number (Bus) _____ **(RES.)** _____ **EMAIL:** _____

Effective Date Driver to Be Added: _____

SECTION #2 - TO BE COMPLETED BY NEW DRIVER (Driver Abstract to be Attached)

Name of Driver: _____ **License #** _____
(Attach copy of Driver Abstract) (Attach copy of Driver License)

Address of Driver

Policy # _____ **Expiry Date** _____

Have you ever been Declined/Cancelled by an Insurance Company? Yes No

If yes, please state reason:

List all accidents or claims in the past six years:

Date: _____ At Fault Not at Fault

Details: _____

Have you ever claimed Accident Benefits? Yes No (If yes, please provide date and details below)

I affirm that all statements in this request are true. I also understand and agree that any false information may result in denying acceptance to my request.

SIGNATURE _____ **DATE** _____
(New Driver)

SIGNATURE _____ **DATE** _____
(NAMED INSURED)