



Motorized Vehicle Questionnaire

(to be completed by the Insured)

Policy Number: _____

Name of 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? _____ Were you found guilty? Yes No If "Yes", date? _____
(DD/MM/YYYY) (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? _____ Nature of violation _____
(DD/MM/YYYY)

Circumstances – details _____

4 Has your driver's licence ever been suspended or withdrawn? Yes No

If "Yes" Why? Specify _____

Date the licence was suspended? _____ Duration? _____
(DD/MM/YYYY)

Did you drive while your licence was suspended? Yes No If "Yes", date? _____
(DD/MM/YYYY)

When did you get your licence back? _____ When do you expect to get it back? _____
(DD/MM/YYYY) (DD/MM/YYYY)

5 Please give any other information you deem significant: _____

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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 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 (city) _____ in the province of _____ on _____
(DD/MM/YYYY)

Signature of Insured

Signature of Witness



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