

**INFORMATION CONCERNING A DRIVER  
OR AN APPLICANT DRIVER**

**IMPORTANT**

This duly filled form must be sent to *the insurer* together with the recent MVR from the SAAQ (at the most 3 months). For all applicant drivers who do not meet all the standards, the Insurer's authorization must be obtained prior to his hiring.

**STANDARDS**

- 1) Minimum of 25 years of age.
- 2) Minimum experience of three (3) years in the class of the vehicle in question.
- 3) No accident at fault in the last (3) three years.
- 4) No suspension of the driver's permit nor criminal acts.
- 5) Maximum of seven (7) demerit points in the SAAQ file.

**DRIVER'S DECLARATION**

Driver's or applicant driver's name: \_\_\_\_\_

I, the undersigned, declare that I meet each of the five (5) standards outlined hereabove, except (give full details of any exception, if applicable; otherwise please write *No exception*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of insurers or employers in the last three (3) years (in the case of a former insurer, kindly enter the policy number and, in the case of a former employer, enter the telephone number.

\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize and ask all present and former insurers and/or employers to provide *the insurer*, and its representatives, with the detailed list of all claims, as well as any other information, personal or otherwise, pertinent to a damage insurance contract and the execution and follow-up thereof.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Original signature of the driver

**EMPLOYER'S DECLARATION**

I/we, the undersigned, hereby declare having obtained from the above-mentioned driver a copy of his driver's permit and having verified its validity; I/we also declare having obtained from all former employers mentioned herein good references, as well as the confirmation of the duration of his employment and his declarations regarding his claim file.

Employer's name (Please print) : \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title