DEJONG'S
Insurance Services (1990) Ltd.

DRIVER AUTHORIZATION

Company Name: _____

Policy #: _____

Policy Period: from: _____ to: _____

We hereby acknowledge that reports containing my personal credit, factual, investigative, or driver record information may be sought in connection with an application for insurance, renewal, extension, variation thereof, of the automobile insurance of my employer and hereby do further grant permission to release all information regarding conviction history, accidents and such to my employer.

Name of Driver	Date of Birth	Licence #	Signature	Lenght of employment

Please forward to DeJongs Insurance as soon as completed.

202, 1211 - 14 Street S.W. Calgary, Alberta T3C 1C4, phone: (403) 245-1192, fax: (403) 228-4842
www.dejongsinsurance.ca, e-mail: info@dejongsinsurance.ca