ONTARIO DRIVERS LIST

Insured	Policy No.
Broker	Date List Completed DD MM YYYY / /

This list replaces all other driver lists submitted under this policy number.

This Drivers List is effective only for the policy term from _____ to _____ and will not be considered to be in force for any extension of the policy.

A driver is automatically deleted from this list when the driver no longer drives automobiles insured under this policy due to termination or suspension of employment, suspension of licence, or order of the named insured.

*Please complete **all** sections*
SIGNATURE OF THE INSURED IS REQUIRED

Driver Name (surname first) Driver's Licence Number	Class of Licence	F (Full-time) P (Part-time)	Date Hired Month	Date Hired Year	Type of Vehicle Driven H (Heavy Trucks) L (Light Trucks) PP (Private Passenger)	**Company Use Only**

Date

Signature of Applicant/insured

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