

IdentificationPolicy number: Last name of proposed insured: First name of proposed insured: Date of birth: / / Driving Permit No.: _____
year / month / day**Section Automobile driving**1. Is your driving permit currently valid? Yes No If it is not, please explain: _____

2. In the past three years, have you:

A) Been arrested for impaired driving? Yes No B) Been found guilty of impaired driving? Yes No C) Refused to take a breathalyser test? Yes No If yes, please explain: _____
_____3. Has your permit ever been suspended or cancelled? Yes No Date of suspension? / / Duration of suspension: _____
year / month / day

Reason? _____



Automobile driving (...continued)

4. In the past two years, have you violated any traffic regulations? Yes No

If yes, specify the dates, type of violation and the circumstances: _____

5. Have you ever been involved in a traffic accident? Yes No

If yes, indicate whether you were found responsible and specify the dates and circumstances: _____

6. Additional remarks: _____

I, the undersigned, declare that the above answers are true and complete and shall form part of my application for insurance with Humania Assurance.

Signed at: _____

Date:

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year / month / day

Signature of proposed insured _____

Signature of witness _____