

## Commercial Auto Application

**Company Name**

Address

Business (Ph)

(C)

Email

Owners Name

Date of Birth

Male

Female

Owners Name

Date of Birth

Male

Female

**Vehicle 1.** Year

Make

Model

Vin #

Purchase Price

Purchase Date

Yearly Km

Date Hired

Name & Address of Lienholder or Lessor

Driver

Date of Birth

License #

Province

Date Licensed

Accidents and Convictions dates and details.

**Vehicle 2.** Year

Make

Model

Vin #

Purchase Price

Purchase Date

Yearly Km

Date Hired

Name & Address of Lienholder or Lessor

Driver

Date of Birth

License #

Province

Date Licensed

Accidents and Convictions dates and details.

**Vehicle 3.** Year

Make

Model

Vin #

Purchase Price

Purchase Date

Yearly Km

Date Hired

Name & Address of Lienholder or Lessor

Driver

Date of Birth

License #

Province

Date Licensed

Accidents and Convictions dates and details.

**Vehicle 4.** Year

Make

Model

Vin #

Purchase Price

Purchase Date

Yearly Km

Date Hired

Name & Address of Lienholder or Lessor

Driver

Date of Birth

License #

Province

Date Licensed

Accidents and Convictions dates and details.

**Vehicle 5.** Year

Make

Model

Vin #

Purchase Price

Purchase Date

Yearly Km

Date Hired

Name & Address of Lienholder or Lessor

Driver

Date of Birth

License #

Province

Date Licensed

Accidents and Convictions dates and details.

**Vehicle 6.** Year

Make

Model

Vin #

Purchase Price

Purchase Date

Yearly Km

Date Hired

Name & Address of Lienholder or Lessor

Driver

Date of Birth

License #

Province

Date Licensed

Accidents and Convictions dates and details

# Driver List – Authorization for Motor Vehicle Abstracts

Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Broker:  Date Completed: \_\_\_\_\_

**Vehicle 1.**  
Name of Driver \_\_\_\_\_ Date of Birth \_\_\_\_\_ Province \_\_\_\_\_ License Number \_\_\_\_\_ Date First Licensed \_\_\_\_\_ Date Hired \_\_\_\_\_

\_\_\_\_\_  
\* Signature of Driver

**Vehicle 2.**  
Name of Driver \_\_\_\_\_ Date of Birth \_\_\_\_\_ Province \_\_\_\_\_ License Number \_\_\_\_\_ Date First Licensed \_\_\_\_\_ Date Hired \_\_\_\_\_

\_\_\_\_\_  
\* Signature of Driver

**Vehicle 3.**  
Name of Driver \_\_\_\_\_ Date of Birth \_\_\_\_\_ Province \_\_\_\_\_ License Number \_\_\_\_\_ Date First Licensed \_\_\_\_\_ Date Hired \_\_\_\_\_

\_\_\_\_\_  
\* Signature of Driver

**Vehicle 4.**  
Name of Driver \_\_\_\_\_ Date of Birth \_\_\_\_\_ Province \_\_\_\_\_ License Number \_\_\_\_\_ Date First Licensed \_\_\_\_\_ Date Hired \_\_\_\_\_

\_\_\_\_\_  
\* Signature of Driver

**Vehicle 5.**  
Name of Driver \_\_\_\_\_ Date of Birth \_\_\_\_\_ Province \_\_\_\_\_ License Number \_\_\_\_\_ Date First Licensed \_\_\_\_\_ Date Hired \_\_\_\_\_

\_\_\_\_\_  
\* Signature of Driver

**Vehicle 6.**  
Name of Driver \_\_\_\_\_ Date of Birth \_\_\_\_\_ Province \_\_\_\_\_ License Number \_\_\_\_\_ Date First Licensed \_\_\_\_\_ Date Hired \_\_\_\_\_

\_\_\_\_\_  
\* Signature of Driver

\* I, by my signature, hereby authorize Riverstone Insurance to obtain a copy of my Drivers Abstract and Insurance History.